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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF NEW JERSEY | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Rudy First name A. Middle name Hobbs, III Last name and Suffix (Sr., Jr., II, III) | Tamie First name M. Middle name Hobbs Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2344 | xxx-xx-6546 |

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Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 3331 Springfield Avenue Pennsauken, NJ 08109 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Camden | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 2 Tamie M. Hobbs Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay П The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. When Case number District District of New Jersey 12/08/08 08-34316-JHW District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Debtor Relationship to you When District Case number, if known Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Rudy A. Hobbs, III

| Deb | otor 2 I amie M. Hobbs | | | Case number (if known) |
|-----|---|-----------|---|--|
| | | | | |
| Par | Report About Any Bu | sinesses | You Own as a Sole Propr | ietor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of b | usiness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if ar | ny |
| | If you have more than one sole proprietorship, use a | | Number, Street, City, S | tate & ZIP Code |
| | separate sheet and attach it to this petition. | | Check the appropriate | box to describe your business: |
| | it to this polition. | | | siness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | eal Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | s defined in 11 U.S.C. § 101(53A)) |
| | | | | ker (as defined in 11 U.S.C. § 101(6)) |
| | | | ☐ None of the abo | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are | deadlines | s. If you indicate that you ar | ne court must know whether you are a small business debtor so that it can set appropriate re a small business debtor, you must attach your most recent balance sheet, statement of d federal income tax return or if any of these documents do not exist, follow the procedure |
| | you a small business debtor? | | S.C. 1116(1)(B). | a lederal income tax return of it any of these documents do not exist, follow the procedure |
| | For a definition of small business debtor, see 11 | ■ No. | I am not filing under Ch | napter 11. |
| | U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapto | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | / Hazardous Property or A | Any Property That Needs Immediate Attention |
| 14. | Do you own or have any property that poses or is | ■ No. | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | |
| | public health or safety? Or do you own any | | | |
| | property that needs immediate attention? | | If immediate attention is needed, why is it needed? | ? |
| | For example, do you own perishable goods, or | | | |
| | livestock that must be fed, or a building that needs | | Where is the property? | |
| | urgent repairs? | | | Number, Street, City, State & Zip Code |
| | | | | |
| | | | | |

Debtor 1

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Debtor 1 Rudy A. Hobbs, III

Debtor 2 Tamie M. Hobbs Case number (if known)

Part 5: Ex

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-10165-ABA Doc 1 Filed 01/03/18 Entered 01/03/18 18:19:38 Desc Main Document Page 6 of 69

Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rudy A. Hobbs, III /s/ Tamie M. Hobbs Rudy A. Hobbs, III Tamie M. Hobbs Signature of Debtor 1 Signature of Debtor 2 Executed on January 3, 2018 Executed on January 3, 2018 MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 | Rudy A. Hobbs, III | Document | Page / of 69 | |
|----------|--|--|-------------------------------|--|
| Debtor 2 | Tamie M. Hobbs | | Case | number (if known) |
| | | | | |
| | attorney, if you are ted by one | under Chapter 7, 11, 12, or 13 of title 11, United | States Code, and have ex | nformed the debtor(s) about eligibility to proceed plained the relief available under each chapter btor(s) the notice required by 11 U.S.C. § 342(b) |
| | e not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies, of schedules filed with the petition is incorrect. | certify that I have no knowle | edge after an inquiry that the information in the |
| | | /s/ Joel R. Spivack, Esquire | Date | January 3, 2018 |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | | Joel R. Spivack, Esquire | | |
| | | Printed name | | |
| | | Law Office of Joel R. Spivack | | |
| | | Firm name | | |
| | | 1820 Chapel Avenue West | | |
| | | Suite 195 | | |
| | | Cherry Hill, NJ 08002 | | |
| | | Number, Street, City, State & ZIP Code | | |
| | | Contact phone (856) 488-1200 | Email address | joel@spivacklaw.com |
| | | JS1654 | | |
| | | Bar number & State | | _ |

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| | | | 1 440 0 01 03 | |
|---------------------|------------------------|------------------------|---------------|----------------------|
| Fill in this inform | ation to identify your | case: | | |
| Debtor 1 | Rudy A. Hobbs, III | Middle Name | Last Name | |
| Debtor 2 | Tamie M. Hobbs | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ban | kruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | | | | ☐ Check if this is a |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 147,700.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 33,766.56 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 181,466.56 |
| Paı | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 244,430.34 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 37,031.32 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 136,291.00 |
| | Your total liabilities | \$ | 417,752.66 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 8,956.90 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,856.53 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Rudy A. Hobbs, III
Debtor 2 Tamie M. Hobbs Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,999.31

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | im |
|--|------------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 37,031.32 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 58,639.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 95,670.32 |

| | e 19-10102-4 | | Document Page 10 of 69 | | |
|--------------------------|--|-----------------------|--|--|--|
| Fill in this info | ormation to identify | your case and th | | | |
| | | <u>·</u> | is iiiiig. | | |
| Debtor 1 | Rudy A. Hobb | bs, III Middle | Name Last Name | | |
| Debtor 2 | Tamie M. Hol | | Traine East Paine | | |
| Spouse, if filing) | First Name | Middle | Name Last Name | | |
| Jnited States I | Bankruptcy Court for | the: DISTRICT | OF NEW JERSEY | | |
| Case number | | | | | ☐ Check if this is an amended filing |
| Schedu | orm 106A/B | operty | an asset only once. If an asset fits in more than one | e category. list the asset in | 12/15 |
| nink it fits best. | Be as complete and a ore space is needed, a | accurate as possible | e. If two married people are filing together, both are neet to this form. On the top of any additional pages | e equally responsible for su | pplying correct |
| Part 1: Describ | oe Each Residence, Bu | uilding, Land, or Otl | ner Real Estate You Own or Have an Interest In | | |
| ☐ No. Go to F Yes. When | Part 2. e is the property? | | | | |
| 1.1 | | | What is the property? Check all that apply | | |
| | ringfield Avenue | | Triat is the property: Check all that apply | | |
| | migneta Avenae | | ☐ Single-family home | Do not deduct secured cla | eims or exemptions. Put |
| | ss, if available, or other desi | cription | ☐ Single-family home☐ Duplex or multi-unit building☐ Condominium or cooperative | Do not deduct secured cla the amount of any secure Creditors Who Have Clain | d claims on Schedule D: |
| <u> </u> | ss, if available, or other des | 08109-0000 | Duplex or multi-unit building | the amount of any secure | d claims on Schedule D: |
| Street addre | ss, if available, or other des | | □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home | the amount of any secure Creditors Who Have Clair Current value of the | d claims on Schedule D: ms Secured by Property. Current value of the |
| Street address | ss, if available, or other des | 08109-0000 | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Current value of the entire property? \$129,000.00 Describe the nature of y (such as fee simple, ten | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$129,000.00 |
| Street address | ss, if available, or other des | 08109-0000 | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$129,000.00 Describe the nature of y | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$129,000.00 |
| Street address | ss, if available, or other designation designation is state. | 08109-0000 | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$129,000.00 Describe the nature of y (such as fee simple, ten a life estate), if known. | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$129,000.00 |
| Pennsau City | ss, if available, or other designation designation is state. | 08109-0000 | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$129,000.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Fee simple | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$129,000.00 our ownership interest ancy by the entireties, or |
| Pennsau City Camden | ss, if available, or other designation designation is state. | 08109-0000 | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$129,000.00 Describe the nature of y (such as fee simple, ten a life estate), if known. | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$129,000.00 our ownership interest ancy by the entireties, or |

Official Form 106A/B Schedule A/B: Property page 1 Case 18-10165-ABA Doc 1 Filed 01/03/18 Entered 01/03/18 18:19:38 Desc Main Document Page 11 of 69

| Debt | | Case | e number (if known) | |
|------------|---|--|---|--|
| | If you own or have more than one, | | | |
| | Disney Vacation Club 220 Points Yearly every June Saratoga Springs Street address, if available, or other description | What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| - | Lake Buena Vista FL City State ZIP Orange County County | ☐ Manufactured or mobile home ☐ Land | (such as fee simple, ter a life estate), if known. Tenant In Common Check if this is cor (see instructions) m, such as local | nmunity property |
| Part Do yo | Describe Your Vehicles ou own, lease, or have legal or equitation else drives. If you lease a vehicle, a | own for all of your entries from Part 1, including any ite that number here | ed or not? Include any v | \$147,700.00 rehicles you own that |
| | ars, vans, trucks, tractors, sport utilit No Yes | venicies, motorcycles | | |
| 3.1 | Make: Ford Model: Escape Year: 2014 Approximate mileage: 105,000 Other information: | Who has an interest in the property? Check one □ Debtor 1 only ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: hims Secured by Property. Current value of the portion you own? |
| | Financed | Check if this is community property (see instructions) | \$9,875.00 | \$9,875.00 |
| 3.2 | Model: Focus Year: 2017 Approximate mileage: 5,00 Other information: | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: hims Secured by Property. Current value of the portion you own? |
| | Lease joint with Daughter | Check if this is community property (see instructions) | \$0.00 | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 2

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| Debto | or 2 Tamie M. Hob | ,D3 | | ase number (if known) | |
|--|---|--|--|--|---|
| 3.3 | Make: Ford Model: Escape Year: 2011 | | Who has an interest in the property? Check one Debtor 1 only | the amount of any secure Creditors Who Have Cla | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| | Approximate mileage: | 150,000 | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | 150,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information. | | At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$4,775.00 | \$4,775.00 |
| 3.4 | Make: Hyundai | | Who has an interest in the property? Check one | | laims or exemptions. Put ed claims on Schedule D: |
| | Model: Sante Fe | | Debtor 1 only | | ims Secured by Property. |
| | Year: 2004 | | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | 95,000 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | | ☐ At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$1,800.00 | \$1,800.00 |
| | | | n for all of your entries from Part 2, including ar hat number here | | \$16,450.00 |
| .pa Part 3 | ges you have attache Describe Your Person | d for Part 2. Write to | hat number here | > | Current value of the |
| .pa Part 3 Do yo | ges you have attached Describe Your Person ou own or have any le | d for Part 2. Write to all and Household Ite gal or equitable into | ems | | <u> </u> |
| .pa Part 3 Do yo | ges you have attache Describe Your Person | d for Part 2. Write to all and Household Ite gal or equitable into arrivings. | ems erest in any of the following items? | | Current value of the portion you own? Do not deduct secured |
| .pa Part 3 Do yo | ges you have attached Describe Your Person Dou own or have any le usehold goods and fur amples: Major appliance No Yes. Describe | d for Part 2. Write to hal and Household Ite gal or equitable int urnishings bes, furniture, linens, | ems erest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| part 3 Do yo 6. Ho Ex 7. Ele Ex | ges you have attached Describe Your Person Dou own or have any le Usehold goods and furtamples: Major appliance No Yes. Describe | d for Part 2. Write to the stand and Household Ite agal or equitable into the standard standa | ems erest in any of the following items? china, kitchenware | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| part 3 Do yo 6. Ho Ex 7. Ele Ex | ges you have attached Describe Your Person Dou own or have any le usehold goods and full tramples: Major appliance No Yes. Describe | d for Part 2. Write to the stand and Household Ite agal or equitable into the standard standa | china, kitchenware goods and furnishings | | Current value of the portion you own? Do not deduct secured claims or exemptions. \$3,000.0 |
| .part 3 Do yo 6. Ho Ex Co Ex Co Ex | ges you have attached Describe Your Person Dou own or have any le usehold goods and fur amples: Major appliance No Yes. Describe | d for Part 2. Write to the stand and Household Ite agal or equitable into the standard standard sees, furniture, linens, must be supported by the standard sees, and the standard sees, cameras, must be supported by the standard sees, cameras, camera | chat number here | rs, scanners; music collecti | Current value of the portion you own? Do not deduct secured claims or exemptions. \$3,000.0 |
| part 3 Do yo S. Ho Ex T. Ele Ex S. Co Ex | ges you have attached Describe Your Person Dou own or have any le usehold goods and fur amples: Major appliance No Yes. Describe | d for Part 2. Write to the stand and Household Ite agal or equitable into the standard standa | chat number here | rs, scanners; music collecti | Current value of the portion you own? Do not deduct secured claims or exemptions. \$3,000.0 |
| part 3 Do you Hoo you Let Ex Co Ex D Equ | Describe Your Person ou own or have any le usehold goods and furamples: Major appliance No Yes. Describe | d for Part 2. Write of the last and Household Items and Household Items are also and Household Items are also and Household Items are also and radios; audio, vide phones, cameras, mandal mand | chat number here | rs, scanners; music collecti | Current value of the portion you own? Do not deduct secured claims or exemptions. \$3,000.0 fons; electronic devices \$2,500.0 |

Official Form 106A/B

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| | tor 1 tor 2 | Rudy A. Hob Tamie M. Ho | | | | | Case num | ber (if known) | |
|-----|----------------|---------------------------------|------------|--------------------|----------------|-------------------------------------|--------------------------|-------------------|--|
| |] Yes. | Describe | | | | | | | |
| | No | | s, shotgu | ns, ammunition, | and related o | equipment | | | |
| |] No | | othes, fui | rs, leather coats, | , designer we | ear, shoes, accesso | ries | | |
| | | | Misc. | clothing | | | | | \$7,000.00 |
| |] No | | welry, co | stume jewelry, e | engagement r | rings, wedding rings | s, heirloom jewelry, wat | ches, gems, g | old, silver |
| | | | Misc. | jewelry | | | | | \$1,700.00 |
| | Examp No | rm animals bles: Dogs, cats, | birds, ho | rses | | | | | |
| | | | 2 dogs | S | | | | | \$0.00 |
| | No | ner personal an | | - | did not alre | ady list, including | any health aids you c | lid not list | |
| 15. | | | | • | , | cluding any entrie | s for pages you have | attached | \$14,200.00 |
| | | scribe Your Finan | | | | | | | |
| Doy | ou ow | n or have any l | egal or e | equitable interes | st in any of t | the following? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| |] No | | | our wallet, in you | | | and on hand when you | file your petitic | on |
| | | | | | | | Cash | | \$100.00 |
| | Examp | | | | | ertificates of deposit | | s, brokerage h | ouses, and other similar |
| | I No I Yes | | | | Ir | nstitution name: | | | |
| | | | 17.1. | Checking | | Beneficial Bank oint between Del | otor Spouse and Dau | ughter | \$813.94 |
| | | | | | | | | | |

Official Form 106A/B Schedule A/B: Property

page 4

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| Debt Debt | | . Hobbs, III И. Hobbs | | Case number (if known) | |
|--------------|---|--------------------------------|--|---|---------------|
| | | 17.2. | Checking | Beneficial Bank ending in 8159 | \$377.09 |
| | | 17.3. | Savings | Beneficial Bank ending in 6300 | \$499.38 |
| | | 17.4. | Checking | Beneficial Bank ending in 3121 Joint between Debtor spouse and mother | \$119.13 |
| | | 17.5. | Savings | Beneficial Bank ending in 4245 UTMA for Son | \$73.63 |
| | | | ely traded stocks | rationage firms, manay market accounts | |
| | No | tunas, investme | | rokerage firms, money market accounts | |
| | Yes | | Institution or issue | r name: | |
| | lon-publicly trac joint venture I _{No} | ded stock and | interests in incorp | porated and unincorporated businesses, including an interest in an LLC, par | tnership, and |
| | | | about them me of entity: | % of ownership: | |
| _ | Negotiable instru | ments include prestruments are | personal checks, ca those you cannot tr | otiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. cansfer to someone by signing or delivering them. | |
| | Retirement or pe Examples: Interes | | | 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | Yes. List each a | | ely. of account: | Institution name: | |
| | | Pens | ion | NJ Teachers Pension and Annuity Fund | Unknown |
| | | 401(| x) | LT Trust - Loanwise Financial LLC 401k Plan | \$732.83 |
| | | IRA | | Prudential Retirement - Smart Solution IRA | \$400.56 |
| , | | unused deposit | s you have made s | so that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications companies, or others | |
| | N ₀ | | | Institution name or individual: | |
| | l Yes Annuities (A cont | | dic payment of mor | ney to you, either for life or for a number of years) | |
| | No | | | | |
| | l Yes | issuer nam | e and description. | | |
| 2 | 6 U.S.C. §§ 530(I | | | qualified ABLE program, or under a qualified state tuition program. | |
| | l _{No} l _{Yes} | Institution r | name and description | on. Separately file the records of any interests.11 U.S.C. § 521(c): | |

Case 18-10165-ABA Doc 1 Filed 01/03/18 Entered 01/03/18 18:19:38 Desc Main Page 15 of 69 Document Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs Case number (if known) 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No The Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: NJ Teachers Pension and Annuity Fund Spouse Unknown 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue □ No

Yes. Describe each claim.......

Complaint against Loanwise Financial LLC & Omar Quudus for **Unpaid Wage** Loanwise Financial Plaintiff v. Saul Walle, et al Defendants, Saul Walle et al Counter-Plaintiffs v. Loanwise Financial Counter-Defendant/Third Party Defendant

Unknown

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Case number (if known)

| | Tallie Wil Hebbs | | | |
|--------------|--|----------------------------|---------------------------------|--------------|
| | | | | |
| _ | Other contingent and unliquidated claims of every nature, inclu | ding counterclaims of | of the debtor and rights to set | off claims |
| | No | | | |
| | Yes. Describe each claim | | | |
| 35. A | Any financial assets you did not already list | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 36. | Add the dollar value of all of your entries from Part 4, including | g any entries for pag | es you have attached | |
| 00. | for Part 4. Write that number here | | | \$3,116.56 |
| | _ | | | |
| Part | 5: Describe Any Business-Related Property You Own or Have an Interest | est In. List any real esta | te in Part 1. | |
| 37. D | o you own or have any legal or equitable interest in any business-relate | d property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| | | | | |
| Part | 6: Describe Any Farm- and Commercial Fishing-Related Property You | Own or Have an Interes | et In | |
| ı aıı | If you own or have an interest in farmland, list it in Part 1. | Own of flave all litteres | ot III. | |
| 46 [| Oo you own or have any legal or equitable interest in any farm- | or commercial fishin | ig-related property? | |
| - | No. Go to Part 7. | or commercial rishin | ig-related property: | |
| | ☐ Yes. Go to line 47. | | | |
| | La res. Go to line 47. | | | |
| Dout | The All Branch Very Common House on Internet in That Very | Did Not List Above | | |
| Part | 7: Describe All Property You Own or Have an Interest in That You | DIG NOT LIST Above | | |
| 53. C | Oo you have other property of any kind you did not already list? | • | | |
| | Examples: Season tickets, country club membership | | | |
| | No | | | |
| L | Yes. Give specific information | | | |
| 54 | Add the dollar value of all of your entries from Part 7. Write that | at number here | | \$0.00 |
| 54. | Add the donar value of all of your entries from Fart 7. Write the | at number here | _ | φυ.υυ |
| Part | 8: List the Totals of Each Part of this Form | | | |
| rart | Est the Totals of East Fait of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$147,700.00 |
| 56. | Part 2: Total vehicles, line 5 | \$16,450.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$14,200.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$3,116.56 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$33,766.56 | Copy personal property total | \$33,766.56 |
| 02. | | Ψου, 100.00 | | Ψ33,700.30 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$181,466.56 |
| | | | | - , |

Official Form 106A/B Schedule A/B: Property page 7

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|---|---------------------|-----------|--|
| Debtor 1 | • | | | |
| Debior 1 | Rudy A. Hobbs, III | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Tamie M. Hobbs | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JEE | RSEY | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| Which set of exemptions are you claiming? Check one only, even if your spouse is filing w |
|---|
|---|

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption | |
|---|--------------------------------------|-----|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| Disney Vacation Club 220 Points Yearly every June Saratoga Springs Lake | \$18,700.00 I | | \$18,700.00 | 11 U.S.C. § 522(d)(5) | |
| Buena Vista, FL Orange County County Disney's Saratoga Springs Resort and Spa, Lake Buena Vista Value is approximately \$85.00 per point Line from <i>Schedule A/B</i> : 1.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2011 Ford Escape 150,000 miles Line from Schedule A/B: 3.3 | \$4,775.00 | | \$4,775.00 | 11 U.S.C. § 522(d)(2) | |
| | | | 100% of fair market value, up to any applicable statutory limit | | |
| 2004 Hyundai Sante Fe 95,000 miles | \$1,800.00 | | \$1,800.00 | 11 U.S.C. § 522(d)(2) | |
| | | | 100% of fair market value, up to any applicable statutory limit | | |
| Misc. household goods and furnishings | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(3) | |
| Ello II on concodio / V.B. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | | |

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Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs

Case number (if known)

| tor 2 I amie M. Hobbs | | | Case number (if known) | |
|--|--------------------------------------|------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amou | unt of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Chec | k only one box for each exemption. | |
| Misc. electronics | \$2,500.00 | | \$2,500.00 | 11 U.S.C. § 522(d)(3) |
| Line from <i>Schedule A/B</i> : 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc. clothing Line from <i>Schedule A/B</i> : 11.1 | \$7,000.00 | • | \$7,000.00 | 11 U.S.C. § 522(d)(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Misc. jewelry Line from <i>Schedule A/B</i> : 12.1 | \$1,700.00 | | \$1,700.00 | 11 U.S.C. § 522(d)(4) |
| Ellie IIolii oolooddo 775. 72. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from <i>Schedule A/B</i> : 16.1 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(5) |
| Ellie IIolii <i>Scriedale A/D.</i> 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Beneficial Bank Joint between Debtor Spouse and | \$813.94 | | \$813.94 | 11 U.S.C. § 522(d)(5) |
| Daughter Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Beneficial Bank ending in | \$377.09 | | \$377.09 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: Beneficial Bank ending in 6300 in 6700 in 670 | \$499.38 | • | \$499.38 | 11 U.S.C. § 522(d)(5) |
| and nom ochequie AVD. 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Beneficial Bank ending in | \$119.13 | | \$119.13 | 11 U.S.C. § 522(d)(5) |
| Joint between Debtor spouse and mother Line from <i>Schedule A/B</i> : 17.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: Beneficial Bank ending in 4245 JTMA for Son | \$73.63 | | \$73.63 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.5 | | | 100% of fair market value, up to any applicable statutory limit | |
| Pension: NJ Teachers Pension and Annuity Fund | Unknown | | Unknown | 11 U.S.C. § 522(d)(12) |
| Line from Schedule A/B: 21.1 | _ | | 100% of fair market value, up to any applicable statutory limit | |
| 401(k): LT Trust - Loanwise Financial LLC 401k Plan | \$732.83 | • | \$732.83 | 11 U.S.C. § 522(d)(12) |
| Line from Schedule A/B: 21.2 | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 1 Tamie M. Hobbs Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B IRA: Prudential Retirement - Smart 11 U.S.C. § 522(d)(12) \$400.56 \$400.56 Solution IRA Line from Schedule A/B: 21.3 100% of fair market value, up to any applicable statutory limit NJ Teachers Pension and Annuity Fund 11 U.S.C. § 522(d)(7) \$0.00 Unknown Beneficiary: Spouse Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit Complaint against Loanwise Financial 11 U.S.C. § 522(d)(11)(E) Unknown Unknown LLC & Omar Quudus for Unpaid Wage Loanwise Financial Plaintiff v. Saul 100% of fair market value, up to Walle, et al Defendants, Saul Walle et al any applicable statutory limit Counter-Plaintiffs v. Loanwise Financial Counter-Defendant/Third Party Defendant Line from Schedule A/B: 33.1 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

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| | | Document | Page 20 | of 69 | | |
|--------------------------------------|------------------------|--|--------------------|-----------------------------|--|---------------|
| Fill in this inform | nation to identify you | ır case: | | | | |
| Debtor 1 | Rudy A. Hobbs, I | III | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Tamie M. Hobbs | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | kruptcy Court for the: | DISTRICT OF NEW JERSEY | | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | led filing |
| Official Form | 106D | | | | | |
| - | | Who House Claims | Coo | l by Dranart | | |
| Schedule | D: Creditors | Who Have Claims | <u>secured</u> | by Propert | <u>y </u> | 12/15 |
| | | If two married people are filing togethe out, number the entries, and attach it t | | | | |
| , , | have claims secured by | your property? | | | | |
| | _ | his form to the court with your other | schedules Yo | ou have nothing else t | o report on this form | |
| _ | all of the information | · | conocacios. Te | ou navo nouming oldo t | o roport on timo ronni. | |
| | | below. | | | | |
| Part 1: List All | I Secured Claims | | | Column A | Column B | Column C |
| | | more than one secured claim, list the cred a particular claim, list the other creditors | | Amount of claim | Value of collateral | Unsecured |
| | | cal order according to the creditor's name | | Do not deduct the | that supports this | portion |
| 2.1 Disney Vac | cation Club | Describe the property that secures t | he claim: | value of collateral. \$0.00 | claim \$18,700.00 | If any \$0.00 |
| Creditor's Name | | Disney Vacation Club 220 Point | | Ψ0.00 | Ψ10,700.00 | Ψ0.00 |
| | | Yearly every June Saratoga S | | | | |
| | | Lake Buena Vista, FL Orange | | | | |
| | | County | | | | |
| | | Disney's Saratoga Springs Re | sort and | | | |
| | | Spa, Lake Buena Vista | | | | |
| | | Value is approximately \$85.00 point | per | | | |
| PO Box 47 | - | As of the date you file, the claim is: | Check all that | | | |
| Celebratior 34747-072 | | apply. | | | | |
| | City, State & Zip Code | Contingent | | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who owes the del | bt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as n | nortgage or sec | ured | | |
| Debtor 2 only | | car loan) | 0 0 | | | |
| ■ Debtor 1 and De | btor 2 only | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this cla community deb | | Other (including a right to offset) | Maintenance | e Fees | | |
| Date debt was incu | 1rred <u>2005</u> | Last 4 digits of account numb | oer <u>0000</u> | | | |
| 2.2 Ditech | | Describe the property that secures t | he claim: | \$80,407.00 | \$129,000.00 | \$0.00 |
| Creditor's Name | | 3331 Springfield Avenue Penn | isauken, | | | |
| A., D. I | | NJ 08109 Camden County | | | | |
| Attn: Bankr Po Box 617 | | As of the date you file, the claim is: | Check all that | | | |
| Rapid City, | | apply. Contingent | | | | |
| | City, State & Zip Code | ☐ Unliquidated | | | | |
| , 2 | , | ☐ Disputed | | | | |
| Who owes the del | bt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as n | nortgage or sec | ured | | |
| Debtor 2 only | | car loan) | | | | |
| ■ Debtor 1 and De | btor 2 only | ☐ Statutory lien (such as tax lien, med | hanic's lien) | | | |

Schedule D: Creditors Who Have Claims Secured by Property

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

Official Form 106D

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| Debtor 1 Rudy A. Hobbs, III | | | Case number (if know) | | |
|--|--|--|-----------------------|--------------|------------|
| First Name Middle Na | ame Last Name | _ | | | |
| Debtor 2 Tamie M. Hobbs First Name Middle Na | ame Last Name | _ | | | |
| ☐ Check if this claim relates to a community debt | ■ Other (including a right to offset) | Second N | Nortgage | | |
| Opened 08/06 Last Active 10/30/17 | Last 4 digits of account num | lber <u>383</u> | 7 | | |
| 2.3 Ford Motor Credit | Describe the property that secures | the claim: | \$9,224.00 | \$0.00 | \$0.00 |
| Creditor's Name | 2017 Ford Focus 5,000 miles | | | | |
| National Bankruptcy | Lease joint with Daughter | | | | |
| Service Center Po Box 62180 | As of the date you file, the claim is: | Check all that | | | |
| Colorado Springs, CO | apply. Contingent | | | | |
| 80962 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as | mortanaa or | nagurad | | |
| Debtor 2 only | car loan) | mortgage or | secured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Lease | | | |
| Opened 08/17 Last Active Date debt was incurred 11/10/17 | Last 4 digits of account num | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | 8 | | |
| 2.4 Ford Motor Credit | Describe the property that secures | the claim: | \$19,217.00 | \$9,875.00 | \$0.00 |
| Creditor's Name | 2014 Ford Escape 105,000 m | | | | |
| National Bankruptcy | Financed | | | | |
| Service Center Po Box 62180 | As of the date you file, the claim is: | Check all that | J | | |
| Colorado Springs, CO 80962 | apply. Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as car loan) | mortgage or | secured | | |
| Debtor 2 only | _ | | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Statutory lien (such as tax lien, me☐ Judgment lien from a lawsuit | ecnanic's lien) | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | Purchase | Money Security | | |
| Opened 02/17 Last Active 11/08/17 | Last 4 digits of account num | ıber <u>212</u> | 1 | | |
| 2.5 Ocwen Loan Servicing | Describe the property that secures | the claim: | \$130,150.75 | \$129,000.00 | \$1,150.75 |

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| Debtor 1 | Rudy A. H | | | | Cas | e number (if know) | | |
|------------------|--------------------------------------|------------------------|---|--|-----------------|--|---|----------------------------|
| D 1 / 0 | First Name | Middle Na | ame | Last Name | | | | |
| Debtor 2 | Tamie M. I | HODDS Middle Na | ame | Last Name | | | | |
| | | | | | | | | |
| | itor's Name | | 3331 Springfield | d Avenue Pennsau | ken, | | | |
| | n: Research | | NJ 08109 Cam | den County | | | | |
| | 1 Worthing | ton R Ste | As of the date you | file, the claim is: Check | all that | | | |
| 100 | , st Palm Bea | ach Fl | apply. | , | an triat | | | |
| 334 | | 2011, 1 L | ☐ Contingent | | | | | |
| Numb | per, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | | |
| | | | ☐ Disputed | | | | | |
| _ | s the debt? | Check one. | Nature of lien. Ch | | | | | |
| ☐ Debtor | • | | ☐ An agreement you car loan) | ou made (such as mortg | age or secured | i | | |
| Debtor : | • | | | | -l- !!\ | | | |
| _ | 1 and Debtor 2 | - | _ | uch as tax lien, mechanio | cs lien) | | | |
| _ | t one of the det if this claim re | otors and another | Judgment lien from | - · | t Mortgage | | | |
| | unity debt | elates to a | Other (including | a right to offset) | it Mortgage | | | |
| | | Opened | | | | | | |
| | | Opened 09/05 Last | | | | | | |
| Date debt | was incurred | Active 11/13 | Last 4 digits | of account number | 2625 | | | |
| | | | - | | | | | |
| | te of New J | ersey | Describe the prope | erty that secures the cl | aim: | \$5,431.59 | \$129,000.00 | \$5,431.59 |
| Credit | itor's Name | · | | d Avenue Pennsau | ken, | | | |
| | ot of the Tre | • | NJ 08109 Cam | den County | | | | |
| | of Taxation | l | As of the date you | file, the claim is: Check | all that | | | |
| | Box 245 nton, NJ 08 | 695-0245 | apply. | | | | | |
| | per, Street, City, S | | Contingent | | | | | |
| INUITIL | ber, Street, City, C | State & Zip Code | ☐ Unliquidated☐ Disputed☐ | | | | | |
| Who owes | s the debt? | Check one. | Nature of lien. Ch | eck all that apply. | | | | |
| ☐ Debtor | 1 only | | _ | ou made (such as mortg | age or secured | i | | |
| ☐ Debtor | 2 only | | car loan) | · | · · | | | |
| Debtor | 1 and Debtor 2 | 2 only | Statutory lien (su | ıch as tax lien, mechani | c's lien) | | | |
| _ | | otors and another | ☐ Judgment lien fro | | , | | | |
| ☐ Check | if this claim re | elates to a | Other (including | a right to offset) | | | | |
| comm | unity debt | | | | | | | |
| Date debt | was incurred | 2014-2017 | Last 4 digits | s of account number | 2344 | | | |
| | | | _ | | | | | |
| | | | | | | | 1 | |
| | | - | | e. Write that number h | ere: | \$244,430.34 | _ | |
| | the last page at number her | | the dollar value tota | is from all pages. | | \$244,430.34 | | |
| | | | 51.71.14 | | | • | - | |
| | | | r a Debt That You | - | | | | |
| Use this pa | age only if yo | u have others to b | e notified about you we to someone else. | r bankruptcy for a deb . list the creditor in Par | t that you alre | ady listed in Part 1. For ex list the collection agency | xample, if a collection here. Similarly, if vo | n agency is u have more |
| than one c | creditor for an | y of the debts that | you listed in Part 1, | | | you do not have additiona | | |
| aepts in Pa | art 1, do not f | ill out or submit th | is page. | | | | | |
| ∐ _{Nan} | ne, Number, S | treet, City, State & 2 | Zip Code | | On which lin | ne in Part 1 did you enter the | e creditor? 26 | |
| | am Rondine | | | | OH WHICH IIII | io ii i ait i did you cillel lill | | |
| _ | Division of | | | | Last 4 digits | of account number | | |
| | dgment Sec | tion | | | | | | |
| |) Box 245 | 960E 024E | | | | | | |
| ıre | enton, NJ 08 | 0090-0∠45 | | | | | | |

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| Debtor 1 | Rudy A. Hobbs, III | | | Case number (if know) | |
|------------------------|---|-------------|-----------|---|------------------------|
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 | Tamie M. Hobbs | | | | |
| | First Name | Middle Name | Last Name | | |
| Sta Dir Fe PC | me, Number, Street, City, ate of New Jersey v of Taxation deral Offset Prograr D Box 283 enton, NJ 08646-028 | n | | On which line in Part 1 did you enter the Last 4 digits of account number | e creditor? <u>2.6</u> |

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| | | | | ocument | Page | 24 of 6 | <u> </u> | _ | | |
|-----------------|---|---|--|--|-------------------------|---------------|---------------------------|-----------------------|-----------------|--------|
| Fill i | n this inforn | nation to identify your c | ase: | | | | | | | |
| Debt | tor 1 | Rudy A. Hobbs, III | | | | | | | | |
| | | First Name | Middle Nan | ne | Last Nam | Э | | | | |
| Debt | | Tamie M. Hobbs | | | | | | | | |
| (Spou | ise if, filing) | First Name | Middle Nar | ne | Last Nam | 3 | | | | |
| Unite | ed States Ba | nkruptcy Court for the: | DISTRICT OF | NEW JERSEY | | | | | | |
| Case | e number | | | | | | | | | |
| (if kno | _ | | | | | | | ☐ Check | if this is an | |
| | | | | | | | | amend | ded filing | |
| ∩ffi | cial Earn | n 106E/F | | | | | | | | |
| | | :/F: Creditors W | ho Havo I | Insocured | Claim | • | | | 12/15 | : |
| | | d accurate as possible. Use | | | | | or araditara with NO | JEDIODITY alaima. I | | |
| Sched eft. A | dule D: Credite attach the Con and case nur | ntory Contracts and Unexpi ors Who Have Claims Secu ntinuation Page to this page mber (if known). II of Your PRIORITY Uns | red by Property e. If you have no | . If more space is r information to rep | needed, co | py the Part | you need, fill it out, | number the entries i | n the boxes | |
| | | ors have priority unsecured | | | | | | | | |
| _ | No. Go to P | • • | · o.ao agao. | , | | | | | | |
| ı | Yes. | | | | | | | | | |
| p F | oossible, list the Part 1. If more | pe of claim it is. If a claim has e claims in alphabetical order than one creditor holds a par ation of each type of claim, so | r according to the ticular claim, list | creditor's name. If the other creditors in | you have n n Part 3. | ore than two | | | | e of |
| 2.1 | Internal | Revenue Service | Las | t 4 digits of accour | nt number | 2344 | \$37,031.32 | | | \$0.00 |
| | Priority Cr | editor's Name | | | | | | | | Ψ0.00 |
| | PO Box | 21126 lphia, PA 19114 | Wh | en was the debt inc | curred? | 2014-20 | 016 | _ | | |
| | | treet City State Zlp Code | As | of the date you file | , the claim | is: Check a | all that apply | | | |
| | Who incurred | d the debt? Check one. | | Contingent | | | | | | |
| | Debtor 1 c | only | | Unliquidated | | | | | | |
| | Debtor 2 c | only | | Disputed | | | | | | |
| | Debtor 1 a | and Debtor 2 only | Тур | e of PRIORITY uns | secured cla | ıim: | | | | |
| | ☐ At least or | ne of the debtors and another | , 🗆 | Domestic support ob | oligations | | | | | |
| | ☐ Check if t | this claim is for a commun | ity debt | Taxes and certain of | ther debts | ou owe the | government | | | |
| | Is the claim s | subject to offset? | | Claims for death or p | personal in | ury while yo | u were intoxicated | | | |
| | No | | | Other. Specify | | | | | _ | |
| | ☐ Yes | | | | | | | | | |
| Part | 2: List A | II of Your NONPRIORITY | Y Unsecured (| Claims | | | | | | |
| 3. [| Do any credito | ors have nonpriority unsect | ured claims aga | inst you? | | | | | | |
| [| ☐ No. You hav | ve nothing to report in this pa | art. Submit this fo | rm to the court with | your other | schedules. | | | | |
| | Yes. | G -1 | | | • | | | | | |
| | Yes. | | | | | | | | | |
| υ | insecured clair | r nonpriority unsecured cla m, list the creditor separately | for each claim. F | or each claim listed | l, identify wl | nat type of c | laim it is. Do not list c | aims already included | in Part 1. If n | |

Part 2.

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Total claim

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| | Tamie M. Hobbs | | Case number (if know) | | |
|-----|--|--|--|-------------|--|
| 4.1 | Avant Credit, Inc Nonpriority Creditor's Name | Last 4 digits of account number | 0950 | \$13,593.00 | |
| | Attention Bankruptcy Po Box 9183380 Chicago, IL 60691 | When was the debt incurred? | Opened 02/16 Last Active 10/16/17 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Unsecured | | | |
| 4.2 | Avant Credit, Inc Nonpriority Creditor's Name | Last 4 digits of account number | 4758 | \$10,850.00 | |
| | Attention Bankruptcy Po Box 9183380 Chicago, IL 60691 | When was the debt incurred? | Opened 01/16 Last Active 10/31/17 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify Unsecured | | | |
| 4.3 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 7533 | \$2,469.00 | |
| | 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 06/15 Last Active 11/17 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | | |
| | ■ No | · | y pians, and other similal debts | | |
| | Yes | ■ Other. Specify Credit Card | | | |

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| | r 1 Rudy A. Hobbs, III r 2 Tamie M. Hobbs | | Case number (if know) | |
|-----|--|--|---|-------------|
| 4.4 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 6701 | \$1,384.00 |
| | 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 08/14 Last Active 11/08/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | | |
| 4.5 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 6123 | \$3,068.00 |
| | 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 08/14 Last Active 10/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | Yes | Other Specify Credit Card | | |
| 4.6 | Capital One | Last 4 digits of account number | 9263 | \$10,328.00 |
| | Nonpriority Creditor's Name | _ | | +:0,0=0:00 |
| | Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 07/15 Last Active 11/17 | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | По :: | | |
| | Debtor 2 only | ☐ Contingent | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | Yes | ■ Other Specify Credit Card | | |
| | | - Guion opoony | | |

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| | 1 Rudy A. Hobbs, III 2 Tamie M. Hobbs | | Case number (if know) | |
|-----|--|--|---|------------|
| 4.7 | Capital One | Last 4 digits of account number | 6848 | \$705.00 |
| | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 08/15 Last Active 11/17 | · |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | | |
| 4.8 | Capital One | Last 4 digits of account number | 1665 | \$779.00 |
| | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 06/15 Last Active 11/17 | |
| - | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Credit Card | | |
| 4.9 | Capital One | Last 4 digits of account number | 5544 | \$3,570.00 |
| | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 06/15 Last Active 11/17 | |
| - | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | |
| | ■ No | | y pians, and other similar debts | |
| | Yes | Other. Specify Credit Card | | |

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| Tamie M. Hobbs | | Case number (if know) | | | |
|---|---|--|-------------|--|--|
| Chase Card Services | Last 4 digits of account number | 2553 | \$839.00 | | |
| Nonpriority Creditor's Name Attn: Correspondence | _ | Opened 11/83 Last Active | | | |
| Po Box 15278 | When was the debt incurred? | 11/03/17 | | | |
| Wilmington, DE 19850 Number Street City State Zlp Code | | e. Chapte all that apply | | | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| □Yes | Other. Specify Credit Card | | | | |
| Chase Card Services | | 5696 | \$12,379.00 | | |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ12,379.00 | | |
| Attn: Correspondence | | Opened 03/16 Last Active | | | |
| Po Box 15278 | When was the debt incurred? | 9/12/17 | | | |
| Wilmington, DE 19850 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| Who incurred the debt? Check one. | - | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| Yes | Other. Specify Credit Card | | | | |
| Chase Card Services | Last 4 digits of account number | 2886 | \$467.00 | | |
| Nonpriority Creditor's Name | When was the debt in surred? | Opened 05/15 cot Active 14/47 | | | |
| Attn: Correspondence Po Box 15278 | When was the debt incurred? | Opened 05/16 Last Active 11/17 | | | |
| Wilmington, DE 19850 | _ | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| Who incurred the debt? Check one. | _ | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | Disputed | d claim: | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a Claiiil. | | | |
| ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | | | |
| ls the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ■ Other. Specify Credit Card | | | | |

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| tor 2 Tamie M. Hobbs | | Case number (if know) | |
|--|--|---|------------|
| Comenity Bank/Express | Last 4 digits of account number | 4661 | \$881.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 11/14 Last Active 11/17 | |
| Columbus, OH 43218 | — As a full a large of the about the | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | ount | |
| Comenity Bank/Victoria Secret | Last 4 digits of account number | 7835 | \$682.0 |
| Nonpriority Creditor's Name | _ | | |
| Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 11/14 Last Active 11/17 | |
| Columbus, OH 43218 | As of the date was file the element | in Ol I IIII I | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Charge Acc | ount | |
| Credit One Bank Na | Last 4 digits of account number | 2819 | \$1,130.00 |
| Nonpriority Creditor's Name Po Box 98873 | When was the debt incurred? | Opened 06/14 Last Active 11/17 | Ψ1,100.00 |
| Las Vegas, NV 89193 | | Opened 30/11 Edet/telive 11/11 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? No | report as priority claims Debts to pension or profit-sharin | og plane, and other similar debte | |
| | · | | |
| □Yes | Other. Specify Credit Card | | |
| | | | |

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| Tamie M. Hobbs | | Case number (if know) | | | | |
|--|---|---|------------|--|--|--|
| Kohls/Capital One | Last 4 digits of account number | 4144 | \$711.00 | | | |
| Nonpriority Creditor's Name | _ | | | | | |
| Kohls Credit Po Box 3043 | When was the debt incurred? | Opened 11/14 Last Active | | | | |
| 70 Box 3043 Milwaukee, WI 53201 | when was the debt incurred? | 11/02/17 | | | | |
| Number Street City State ZIp Code | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| □Yes | ■ Other. Specify Charge Acc | ount | | | | |
| anding Club Carn | | 8054 | ΦE 202 00 | | | |
| Lending Club Corp Nonpriority Creditor's Name | Last 4 digits of account number | | \$5,203.00 | | | |
| 71 Stevenson St | | Opened 04/17 Last Active | | | | |
| Suite 300 | When was the debt incurred? | 11/17/17 | | | | |
| San Francisco, CA 94105 | | | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | S: Check all that apply | | | | |
| Debtor 1 only | | | | | | |
| <u>_</u> | Contingent | | | | | |
| Debtor 2 only | Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | Disputed | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| Check if this claim is for a community | ☐ Student loans | | | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| No | Debts to pension or profit-sharin | og plane, and other similar debts | | | | |
| ■ No □ Yes | Other. Specify Unsecured | g plans, and other similar debts | | | | |
| | Other. Specify Officeured | | | | | |
| Nordstrom FSB | Last 4 digits of account number | 8890 | \$3,123.00 | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy Department | | Opened 11/14 Last Active | | | | |
| Po Box 6555 | When was the debt incurred? | 11/19/17 | | | | |
| Englewood, CO 80155 | | · | | | | |
| Number Street City State ZIp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| \square At least one of the debtors and another | | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| \square Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | | | |
| ☐ Check if this claim is for a community | | , | | | | |

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| | r 2 Tamie M. Hobbs | | Case number (if know) | | | |
|-----|--|--|--|-------------|--|--|
| 4.1 | _ | | | | | |
| 9 | Target | Last 4 digits of account number | <u>1618</u> | \$2,370.00 | | |
| | Nonpriority Creditor's Name C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440 | When was the debt incurred? | Opened 06/15 Last Active 11/17 | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.2 | Target | Last 4 digits of account number | 7856 | \$1,606.00 | | |
| 0 | Nonpriority Creditor's Name | | | Ψ1,000.00 | | |
| | C/O Financial & Retail Srvs Mailstopn BT POB 9475 | When was the debt incurred? | Opened 03/15 Last Active 11/17 | | | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code | As of the date you file, the claim i | s. Check all that apply | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | 5. Спеск ан тат арру | | | |
| | ☐ Debtor 1 only | | | | | |
| | □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.2 | Us Dept Of Ed/Great Lakes Higher | | 8581 | \$58,639.00 | | |
| 1 | Educati Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ30,039.00 | | |
| | Attn: Bankruptcy 2401 International Lane | When was the debt incurred? | Opened 09/15 Last Active 10/31/17 | | | |
| | Madison, WI 53704 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | | | | |
| | At least one of the debtors and another | Student loans | | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | | | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify | | | | |
| | | Educational | | | | |

| Debtor 2 T | amie M. | Hobbs | | Case n | umber (if know) | | | |
|---|-----------------------|---|---|------------|-------------------------------------|--|--|--|
| - 1 | - | core National Bank/Macy's | Last 4 digits of account number | 0090 | | \$867.00 | | |
| Attr Po | n: Bankru Box 8053 | 3 | When was the debt incurred? | Open | ed 11/14 Last Active 10/17 | <u>, </u> | | |
| Num | | 45040 City State Zlp Code he debt? Check one. | As of the date you file, the claim i | is: Check | all that apply | | | |
| | Debtor 1 onl | у | ☐ Contingent | | | | | |
| | Debtor 2 onl | v | ☐ Unliquidated | | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | | s claim is for a community | ☐ Student loans | | | | | |
| debt | t | bject to offset? | Obligations arising out of a sepa report as priority claims | ration ag | reement or divorce that you did not | | | |
| | No | | Debts to pension or profit-sharing | g plans, | and other similar debts | | | |
| | Yes | | ■ Other. Specify Charge Acc | ount | | _ | | |
| , , | • | ore National Bank/Macy's | Last 4 digits of account number | 7010 | | \$648.00 | | |
| Attr Po | n: Bankru Box 8053 | ptcy 3 | When was the debt incurred? | Open | ed 12/14 Last Active 11/17 | , | | |
| | son, OH | 45040 City State Zlp Code | As of the date you file, the claim i | ie: Chack | all that apply | | | |
| | | the debt? Check one. | As of the date you me, the claim i | s. Check | ан тат арру | | | |
| | Debtor 1 onl | | ☐ Contingent | | | | | |
| _ | Debtor 2 onl | • | ☐ Unliquidated | | | | | |
| _ | | d Debtor 2 only | ☐ Disputed | | | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | | s claim is for a community | ☐ Student loans | | | | | |
| debt | t | bject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration ag | reement or divorce that you did not | | | |
| | No | | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | | ■ Other. Specify Charge Acc | ount | | _ | | |
| Part 3: | ist Others | s to Be Notified About a Debt 1 | Γhat You Already Listed | | | | | |
| is trying to have more notified for | than one c | m you for a debt you owe to some | | Parts 1 | or 2, then list the collection agen | cy here. Similarly, if you | | |
| Total the a | mounts of | certain types of unsecured claims | . This information is for statistical re | eporting | purposes only. 28 U.S.C. §159. A | add the amounts for each | | |
| type of uns | secured cla | ım. | | | | | | |
| | 6a. | Domestic support obligations | | 6a. | Total Claim | 0 | | |
| Total claims | | Domestic support obligations | | oa. | \$0.0 | <u></u> | | |
| from Part 1 | 6b. | Taxes and certain other debts yo | - | 6b. | \$ 37,031.3 | | | |
| | 6c. 6d. | Other. Add all other priority unsecu | ured claims. Write that amount here. | 6c. 6d. | \$ 0.0 \$ 0.0 | | | |
| | 6e. | Total Priority. Add lines 6a throug | h 6d. | 6e. | \$ 37,031.3 | 2 | | |
| | | | | | Total Claim | | | |

Total

6f.

Student loans

58,639.00

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Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs Case number (if know) from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 77,652.00 Total Nonpriority. Add lines 6f through 6i. 136,291.00 Case 18-10165-ABA Doc 1 Filed 01/03/18 Entered 01/03/18 18:19:38 Desc Main

| | | | 111 1 tdt. 0 4 th to | |
|---------------------------|-------------------------|---------------------|----------------------|--|
| Fill in this inform | nation to identify your | case: | | |
| Debtor 1 | Rudy A. Hobbs, III | Middle Name | Last Name | |
| Debtor 2 | Tamie M. Hobbs | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF NEW JEF | RSEY | |
| Case number (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have Name, Number, Street, City, State and | ne contract or lease State what the contract or lease is for P Code |
|---|---|
| 2.1 Ford Motor CreditNational Bankruptcy Service CentePo Box 62180Colorado Springs, CO 80962 | Lease of automobile |

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| | | Docume | nt Page 35 of | 69 | _ |
|----------------|--|---|--|---------------------------------------|---|
| Fill in thi | s information to identify your | case: | | | |
| Debtor 1 | Rudy A. Hobbs, III | | | | |
| 20010. | First Name | Middle Name | Last Name | | |
| Debtor 2 | Tamie M. Hobbs | | | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY | | |
| Case nun | nhor | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| ~ · · | 15 40011 | | | | |
| | al Form 106H | | | | |
| Sche | dule H: Your Cod | ebtors | | | 12/15 |
| | | | | | |
| people ar | e filing together, both are equ | ally responsible for supp boxes on the left. Attach | lying correct information the Additional Page to | n. If more space is | rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, o | do not list either spouse as | s a codebtor. | |
| □ No |) | | | | |
| ■ Ye | es | | | | |
| | | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | |
| ■ No | o. Go to line 3. | | | | |
| □Ye | es. Did your spouse, former spou | use, or legal equivalent live | with you at the time? | | |
| | | | | | |
| in lin Form | e 2 again as a codebtor only i | f that person is a guarant | tor or cosigner. Make su | re you have listed t | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zi | P Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| | | | | | |
| 3.1 | Melanie Hobbs | | | ☐ Schedule D, | line |
| | 3331 Springfield Avenue | | | ■ Schedule E/F | |
| | Pennsauken, NJ 08109 | | | ☐ Schedule G | , <u></u> |
| | | | | Us Dept Of Ed/C | Great Lakes Higher Educati |
| | | | | | |
| 3.2 | Melanie Hobbs | | | ■ Schedule D, | line 2.3 |
| | 3331 Springfield Avenue | | | ☐ Schedule E/F | |
| | Pennsauken, NJ 08109 | | | ☐ Schedule G | , |
| | | | | Ford Motor Cred | dit |
| | | | | | |

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| Fill | in this information to identify your o | case: | | |
|------------------|--|---|---|--|
| Deb | otor 1 Rudy A. Hob | obs, III | | |
| | otor 2 Tamie M. Ho | obbs | | |
| Uni | ted States Bankruptcy Court for the | e: DISTRICT OF NEW J | ERSEY | |
| | se number nown) | | - | Check if this is: An amended filing A supplement showing postpetition chapter |
| Of | fficial Form 106l | | | 13 income as of the following date: MM / DD/ YYYY |
| S | chedule I: Your Inc | ome | | 12/15 |
| sup | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. | u are married and not fili ur spouse is not filing w On the top of any additi | ng jointly, and your spouse is livith you, do not include information | and Debtor 2), both are equally responsible for ing with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | ■ Employed□ Not employed |
| | employers. | Occupation | Mortgage Loan Agent | School Social Worker |
| | Include part-time, seasonal, or self-employed work. | Employer's name | PHH Mortgage | Gloucester City Public Schools |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Mortgage Service Center PO Box 5452 | 1500 Market Street |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

How long employed there?

Mount Laurel, NJ 08054-5452

2 weeks

Gloucester City, NJ 08030

16 years

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,249.99 7,831.24 2. 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 6,249.99 7,831.24

Official Form 106I Schedule I: Your Income page 1

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| Deb Deb | tor 1 tor 2 | Rudy A. Hobbs, III Tamie M. Hobbs | _ | C | ase n | number (if known) | | | | | |
|------------|-----------------------|---|-----------------|-----|----------------------|-------------------|-----|----------------|---------------------------|----------------|--------------|
| | | | | | | Debtor 1 | | | otor 2 or | se | |
| | Cop | by line 4 here | 4. | | \$ | 6,249.99 | | Ď | 7,831 | .24 | |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 1,063.99 | 9 | \$ | 1,502 | .46 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | ٠. | \$ | 0.00 | | \$ | 606 | | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 0.00 | | \$ | 0 | .00 | |
| | 5d. | Required repayments of retirement fund loans | 5d | ١. | \$ | 0.00 | 5 | \$ | 994 | .10 | |
| | 5e. | Insurance | 5e | | \$ | 0.00 | | 5 | 828 | .48 | |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | . 9 | ₿ | 0 | .00 | |
| | 5g. | Union dues | 5g | | \$ | 0.00 | | ₿ | 129 | .16 | |
| | 5h. | Other deductions. Specify: | 5h | .+ | \$ | 0.00 | + 5 | ₿ | 0 | .00 | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 1,063.99 | | \$ | 4,060 | .34 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 5,186.00 | | \$ | 3,770 | .90 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | ı | \$ | 0.00 | 9 | 6 | 0 | .00 | |
| | 8b. | Interest and dividends | 8b | | <u>*</u> — | 0.00 | . ' | \$ | | .00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | t 8c. | | \$ | 0.00 | | | | .00 | |
| | 8d. | Unemployment compensation | 8d | l. | \$ | 0.00 | | \$ | 0 | .00 | |
| | 8e. | Social Security | 8e | ٠. | \$ | 0.00 | 9 | \$ | 0 | .00 | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e 8f. 8g | | \$ | 0.00 | | 5 | | .00 | |
| | 8h. | Other monthly income. Specify: | | | \$ — | 0.00 | < | | | .00 | |
| | 011. | Other monany moonie: opeony. | | · . | $\stackrel{\Psi}{-}$ | 0.00 | | | | .00 | 1 |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | 9 | \$ | | 0.00 | |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 5 | 5,186.00 + \$ | | 3,770. | 90 = \$ | . , | 8,956.90 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | Ψ | | 3,770. | 30 - V | | 0,930.90 |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not scify: | r depe | | | • | | in <i>Sche</i> | <i>dule J.</i> 11. +\$ | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | it | 12. \$_ | | 8,956.90 |
| 13 | Do | you expect an increase or decrease within the year after you file this form | 1? | | | | | | | nbine nthly | ed income |
| | | No. Yes, Explain: | - | | | | | | | | |

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| | in this informa | tion to identify. | 21.1. 22.22. | | | l | | |
|--------|--|--|--|--|-----------------------|-------------|-------------------------------------|-------------------------------|
| | ın tnıs miorma | ition to identify ye | our case. | | | | | |
| Debt | tor 1 | Rudy A. Hob | bs, III | | | | eck if this is: | |
| Debt | tor 2 | Tamie M. Ho | bbs | | | | An amended filing A supplement show | wing postpetition chapter |
| (Spo | ouse, if filing) | 141110 1111 110 | | | | _ | 13 expenses as of | |
| Unite | ed States Bankı | ruptcy Court for the | : DISTRI | CT OF NEW JERSEY | | | MM / DD / YYYY | |
| Case | e number | | | | | | | |
| (If kr | nown) | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/1 |
| Be a | as complete ormation. If m nber (if know | and accurate as | s possible eded, atta ry questio | . If two married people ar ch another sheet to this | | | | |
| 1. | Is this a joir | | | | | | | |
| | ☐ No. Go to | line 2. | | | | | | |
| | Yes. Doe | es Debtor 2 live | in a separ | ate household? | | | | |
| | ■ N □ Y | | st file Offici | al Form 106J-2, <i>Expen</i> ses | for Separate House | ehold of De | ebtor 2. | |
| 2. | Do vou hav | e dependents? | □ No | | | | | |
| _ | Do not list D Debtor 2. | - | Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Debiol 2. | | | oddir doportdoriu | | _ | ugo | □ No |
| | Do not state dependents | | | | Son | | 9 | □ No ■ Yes |
| | aoponaomo | namoo. | | | | | | □ No |
| | | | | | Daughter | | 13 | Yes |
| | | | | | | | | □ No |
| | | | | | Son | | 18 | Yes |
| | | | | | Daughter | | 20 | □ No ■ Yes |
| 3. | expenses o | penses include f people other t d your depende | han $_{oldsymbol{\square}}$ | No Yes | Daughtei | | | ■ Yes |
| exp | imate your exenses as of a | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| арр | licable date. | | | | | | | |
| | | | | government assistance it cluded it on <i>Schedule I:</i> Y | | | | |
| | icial Form 10 | | a nave inc | ciuded it on S <i>chedule I: Y</i> | our income | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgage | e 4. | \$ | 1,627.03 |
| | If not include | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner' | s, or renter | 's insurance | | 4a. 4b. | · | 0.00 |
| | • | • | - | ıpkeep expenses | | 4c. | \$ | 150.00 |

4d. \$

5. \$

0.00

801.86

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

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| Debtor 1 | | Hobbs, III | | | |
|--------------|---|--|------------------|--------------------|----------------------------|
| ebtor 2 | 2 Tamie M | . Hobbs | Case num | ber (if known) | |
| | 1141 | | | | |
| Uti 6a. | lities: | , heat, natural gas | 6a. | \$ | 425.00 |
| 6b. | - | wer, garbage collection | 6b. | · | 425.00 85.67 |
| | | e, cell phone, Internet, satellite, and cable services | | \$ | |
| 6c. 6d. | | | 6c. 6d. | \$ | 600.00 |
| | | ekeeping supplies | ou. 7. | \$ | 0.00 |
| | | children's education costs | 7. 8. | \$ | 1,200.00 |
| _ | | | o. 9. | \$ | 150.00 |
| | _ | ry, and dry cleaning | | · | 300.00 |
| | | products and services | 10. | \$ | 0.00 |
| | | ntal expenses | 11. | \$ | 200.00 |
| | not include c | Include gas, maintenance, bus or train fare. | 12. | \$ | 500.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | · | 150.00 |
| | | ributions and religious donations | 14. | · | 250.00 |
| | urance. | indutions and rengious donations | 17. | Ψ | 230.00 |
| | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | a. Life insura | | 15a. | \$ | 0.00 |
| 15k | o. Health ins | urance | 15b. | | 0.00 |
| 150 | c. Vehicle in | surance | 15c. | \$ | 669.00 |
| 150 | d. Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 20. | | · - | 0.00 |
| | ecify: | | 16. | \$ | 0.00 |
| 7. Ins | tallment or le | ease payments: | | | |
| 178 | a. Car paym | ents for Vehicle 1 | 17a. | \$ | 375.44 |
| 17b | o. Car paym | ents for Vehicle 2 | 17b. | \$ | 270.51 |
| 170 | c. Other. Spe | ecify: Disney Vacation Club Maintenance | 17c. | \$ | 102.02 |
| | d. Other. Spe | | 17d. | \$ | 0.00 |
| 3. Yo | ur payments | of alimony, maintenance, and support that you did not repo | | | |
| | | your pay on line 5, Schedule I, Your Income (Official Form 1 | 06I). 18. | \$ | 0.00 |
| Oth | her payments | s you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | | 19. | | |
| | | erty expenses not included in lines 4 or 5 of this form or on | | | |
| | | s on other property | 20a. | | 0.00 |
| | Real estat | | 20b. | · | 0.00 |
| | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| 206 | e. Homeown | er's association or condominium dues | 20e. | \$ | 0.00 |
| l. Oth | her: Specify: | | 21. | +\$ | 0.00 |
| Ca | lculate vour | monthly expenses | | | |
| | a. Add lines 4 | • | | \$ | 7,856.53 |
| | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106 | 3 I-2 | \$ | 7,000.00 |
| | | | 00-2 | | |
| 220 | c. Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 7,856.53 |
| 3. Ca | Iculate your | monthly net income. | | | |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 8,956.90 |
| | | monthly expenses from line 22c above. | 23b. | -\$ | 7,856.53 |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - ' | | | |
| 230 | c. Subtract y | our monthly expenses from your monthly income. | | | 4 400 07 |
| | | is your monthly net income. | 23c. | \$ | 1,100.37 |
| | | | | _ | |
| | | an increase or decrease in your expenses within the year af | | | o or doorooo h |
| | | ou expect to finish paying for your car loan within the year or do you expe terms of your mortgage? | ci your mortgage | payment to increas | e or decrease decause of a |
| | No. | terms or your mortgage: | | | |
| | | Emilia trans | | | |
| Ш | Yes. | Explain here: | | | |

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| Fill in this info | ormation to identify your | case: | | | |
|---|--|-----------------------------|--------------------------|--|----|
| Debtor 1 | Rudy A. Hobbs, III | | | | |
| Dobtor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | Tamie M. Hobbs | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | DISTRICT OF NEW JERSE | :Y | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is amended filing | an |
| If two married You must file tobtaining mon years, or both. | people are filing together his form whenever you fi ley or property by fraud in . 18 U.S.C. §§ 152, 1341, 1 | n connection with a bankrup | ole for supplying correc | | |
| S | ign Below | | | | |
| ا Did you | pay or agree to pay some | one who is NOT an attorney | to help you fill out ban | kruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Preparer's Declaration, and Signature (Official Fo | |
| | nalty of perjury, I declare are true and correct. | that I have read the summar | y and schedules filed w | with this declaration and | |
| | | | | | |
| X /s/ Ri | udv A. Hobbs. III | | X /s/ Tamie M. F | Hobbs | |
| | udy A. Hobbs, III | | X /s/ Tamie M. Hob | | |
| Rudy | | | | obs | |

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| Fill | n this infor | mation to identify your | case: | | | |
|------|--------------------|----------------------------------|---|---|--|---|
| Deb | tor 1 | Rudy A. Hobbs, II | Middle Name | Last Name | | |
| Deb | tor 2 | Tamie M. Hobbs | Wildle Warrie | Last Name | | |
| | ise if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERS | SEY | | |
| Cas | e number _ | | | | | heck if this is an |
| | | | | | _ | mended filing |
| | | | | | | |
| | | orm 107 | A 66 ' | | | |
| | | | | duals Filing for B | | 4/16 |
| | | | | | equally responsible for sup additional pages, write you | |
| num | ber (if know | n). Answer every ques | stion. | | | |
| Part | 1: Give I | Details About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is you | r current marital statu | s? | | | |
| | ■ Married | | | | | |
| 2. | During the | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | _ | , , , | | | | |
| | ■ No □ Yes. Lis | st all of the places you li | ved in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. | Within the I | ast 8 years, did you ev | er live with a spouse or leg | gal equivalent in a commun | ity property state or territory | (Community property |
| | | | | | co, Texas, Washington and W | |
| | ■ No | | | | | |
| | ☐ Yes. M | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Part | 2 Expla | in the Sources of You | r Income | | | |
| | | | | | | |
| | Fill in the tot | al amount of income yo | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once un | | idar years? |
| | □ No | | | | | |
| | Yes. Fi | ll in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For | last calenda | ar vear: | 1 \\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | \$103,271.00 | • Manas | \$93,779.40 |
| | | ecember 31, 2017) | ■ Wages, commissions, bonuses, tips | φ103,271.00 | ■ Wages, commissions, bonuses, tips | ψ30,113.40 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Debtor 1 Rudy A. Hobbs, III

| De | ebtor 2 Tamie M. Hobbs | | Case | e number (if known) | | |
|----|--|--|--|--|--------------------------|---|
| | | Debtor 1 | | Dobtor 2 | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) |
| | or the calendar year before that: anuary 1 to December 31, 2016) | ■ Wages, commissions, bonuses, tips | \$323,443.00 | ☐ Wages, comm bonuses, tips | nissions, | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | or the calendar year: anuary 1 to December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$235,872.00 | ☐ Wages, comm bonuses, tips | nissions, | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | Include income regardless of whether and other public benefit payments; pwinnings. If you are filing a joint case List each source and the gross incor No Yes. Fill in the details. | ensions; rental income; inter and you have income that y | rest; dividends; money collect you received together, list it o | ted from lawsuits; re nly once under Deb | oyalties; and otor 1. | |
| | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | me | Gross income (before deductions and exclusions) |
| | or the calendar year before that: anuary 1 to December 31, 2016) | Pension Distribution | \$37,820.00 | | | |
| | or the calendar year: anuary 1 to December 31, 2015) | Pension Distribution | \$24,407.00 | | | |
| Pa | rt 3: List Certain Payments You | Made Before You Filed for | Bankruptcv | | | |
| 6. | Are either Debtor 1's or Debtor 2's No. Neither Debtor 1 nor De | debts primarily consume | r debts? umer debts. Consumer debts | s are defined in 11 l | J.S.C. § 101 | (8) as "incurred by an |
| | During the 90 days befor No. Go to line 7. | e you filed for bankruptcy, di | id you pay any creditor a total | l of \$6,425* or more | ∍ ? | |
| | Yes List below ear paid that cre not include p | ditor. Do not include paymer ayments to an attorney for the | id a total of \$6,425* or more ints for domestic support oblights bankruptcy case. It is after that for cases filed on | ations, such as chil | ld support an | |
| | | both have primarily consu | umer debts. id you pay any creditor a total | of \$600 or more? | · | |
| | ☐ No. Go to line 7. | | | | | |
| | include payn | | id a total of \$600 or more and bligations, such as child supp | | | |
| | Creditor's Name and Address | Dates of payme | ent Total amount paid | Amount you still owe | Was this pa | ayment for |

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Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs

Case number (if known)

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
|----|--|--|--|--|---|
| | Avant Credit, Inc Attention Bankruptcy Po Box 9183380 Chicago, IL 60691 | September October and November 2017 | \$1,965.00 | \$13,593.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other |
| | Avant Credit, Inc Attention Bankruptcy Po Box 9183380 Chicago, IL 60691 | October and November 2017 | \$1,150.00 | \$10,850.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ■ Other |
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger control, or owner of 20% of | neral partners; partners partners or more of their voting | erships of which yo g securities; and a | u are a general partner; corporations ny managing agent, including one fo |
| | ☐ Yes. List all payments to an insider. | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos ■ No □ Yes. List all payments to an insider | signed by an insider. | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case |
| | State of New Jersey v. Rudy and Tamie Hobbs DJ049106-16 | Tax Lien | Superior Court of Hall of Justice Suite 110 101 S. 5th Stree Camden, NJ 08 | et | ☐ Pending ☐ On appeal ☐ Concluded |
| | Loanwise Financial LLC v. Saul Walle, et al/Saul Walle, et al Counter Plaintiffs v. Loanwise Financial LLC Counter Defendant-Thirs Party Defendant 17-3314 | Lost Wages | Circuit Court 9th Judicial Circ Orange County | | ■ Pending □ On appeal □ Concluded |

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| | otor 1 Rudy A. Hobbs, III Tamie M. Hobbs | | Case number (if known) | |
|-----|---|-----------------------------------|---------------------------------------|------------------------------------|
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details belo No. Go to line 11. | | repossessed, foreclosed, garnish | ed, attached, seized, or levied? |
| | Yes. Fill in the information below. | | | |
| | Creditor Name and Address | Describe the Property | Date | Value of th |
| | | Explain what happened | | r |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details. | | ng a bank or financial institution, s | set off any amounts from your |
| | Creditor Name and Address | Describe the action the cre | ditor took Date ac | ction was Amoun |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or | | | for the benefit of creditors, a |
| | ■ No □ Yes | | | |
| | in tes | | | |
| Par | t 5: List Certain Gifts and Contributions | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | otcy, did you give any gifts wi | h a total value of more than \$600 | per person? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates y the gift | you gave Value ts |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankru No | | contributions with a total value of | i more than \$600 to any charity |
| | Yes. Fill in the details for each gift or co | | | W. I |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal Describe what you co | ntributed Dates y contrib | |
| | | | | |
| Par | t 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | cy or since you filed for bank | ruptcy, did you lose anything bec | ause of theft, fire, other disaste |
| | ■ No □ Yes. Fill in the details. | | | |
| | how the loss occurred | Describe any insurance covera | loss | f your Value of propert los |
| | | nsurance claims on line 33 of So | | |
| Par | t 7: List Certain Payments or Transfers | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or plinclude any attorneys, bankruptcy petition pro | eparing a bankruptcy petition | ? | |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value transferred | or trans | ayment Amount o sfer was paymen |
| | Email or website address Person Who Made the Payment, if Not Yo | u | made | |

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Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and variansferred | /alue of any propo | erty | Date payment or transfer was made | Amount of payment |
|-----|---|--|-------------------------------|----------------|---|---|
| | Law Office of Joel R. Spivack 1820 Chapel Avenue West Suite 195 Cherry Hill, NJ 08002 www.spivacklaw.com | Legal fees | | | January 2018 | \$1,500.00 |
| | Cricket Debt Counseling, Inc. 10121 SE Sunnyside Road Suite 300 Clackamas, OR 97015 www.cricketdebt.com | Credit counselin | g | | December 2017 | \$24.00 |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No | s or to make payments | | | or transfer any prope | rty to anyone who |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and variansferred | alue of any propo | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptor transferred in the ordinary course of your but include both outright transfers and transfers may include gifts and transfers that you have already No Yes. Fill in the details. | isiness or financial affa de as security (such as | airs? the granting of a se | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transfer | | | any property or s received or debts schange | Date transfer was made |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-produced No Yes. Fill in the details. | | ny property to a so | elf-settled tr | ust or similar device | of which you are a |
| | Name of trust | Description and | alue of the prope | erty transferr | red | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Ins | truments, Safe Deposi | t Boxes, and Stor | age Units | | maue |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc ■ No ■ Yes. Fill in the details. | other financial accou | nts; certificates o | f deposit; sl | | , , |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | clo mo | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer |

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Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs

Case number (if known)

| 21. | | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | |
|-----|--------|--|--|---------------------------------------|-----------------------|--|--|--|
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of Financial Institution Idress (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | |
| 22. | Hav | ve you stored property in a storage unit or pla | ace other than your home within 1 | year before you filed for bankruptcy? | ? | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | Ime of Storage Facility Idress (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | |
| Pai | rt 9: | Identify Property You Hold or Control for S | Someone Else | | | | | |
| | | | | | and ald in top of | | | |
| 23. | | you hold or control any property that someo someone. | ne else owns? Include any propert | y you borrowed from, are storing for | , or hold in trust | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | vner's Name Idress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | |
| Dat | rt 10: | Give Details About Environmental Informa | ation | | | | | |
| Га | LIU | Give Details About Environmental informa | idon | | | | | |
| or | the | purpose of Part 10, the following definitions | apply: | | | | | |
| | tox | vironmental law means any federal, state, or lic substances, wastes, or material into the ai ulations controlling the cleanup of these sub | r, land, soil, surface water, ground | - • | | | | |
| | Site | e means any location, facility, or property as own, operate, or utilize it, including disposal | defined under any environmental la | aw, whether you now own, operate, o | or utilize it or used | | | |
| | Haz | zardous material means anything an environi ardous material, pollutant, contaminant, or s | mental law defines as a hazardous | waste, hazardous substance, toxic s | substance, | | | |
| Rep | ort a | all notices, releases, and proceedings that yo | ou know about, regardless of when | they occurred. | | | | |
| • | | s any governmental unit notified you that you | . • | • | ental law? | | | |
| | _ | | , | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | ume of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Hav | ve you notified any governmental unit of any | release of hazardous material? | | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | Ime of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| | | | | | | | | |

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Debtor 1 Rudy A. Hobbs, III

| Debt | tor 2 Tamie M. Hobbs | | Case number (if known) | |
|-------------|--|--|--|---------------------|
| | | | | |
| 26. I | Have you been a party in any judicial or admir | nistrative proceeding under any envi | ironmental law? Include settlement | s and orders. |
| | No | | | |
| - 1 | Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name | Nature of the case | Status of the case |
| | | Address (Number, Street, City, State and ZIP Code) | | |
| Part | 11: Give Details About Your Business or Co | onnections to Any Business | | |
| 27. \ | Within 4 years before you filed for bankruptcy | , did you own a business or have ar | ny of the following connections to a | ny business? |
| | ☐ A sole proprietor or self-employed in a | a trade, profession, or other activity, | either full-time or part-time | |
| | ☐ A member of a limited liability compar | ny (LLC) or limited liability partnersh | ip (LLP) | |
| | ☐ A partner in a partnership | | | |
| | ☐ An officer, director, or managing exec | utive of a corporation | | |
| | ☐ An owner of at least 5% of the voting of | or equity securities of a corporation | | |
| ı | No. None of the above applies. Go to Par | rt 12. | | |
| i | ☐ Yes. Check all that apply above and fill in | | s . | |
| | | Describe the nature of the business | Employer Identification number | per |
| | Address (Number, Street, City, State and ZIP Code) | lame of accountant or bookkeeper | Do not include Social Securit | ty number or ITIN. |
| | | tame of accountant of Bookkeeper | Dates business existed | |
| 28. \ | Within 2 years before you filed for bankruptcy | , did you give a financial statement | to anyone about your business? In | clude all financial |
| | institutions, creditors, or other parties. | | | |
| | ■ No | | | |
| ı | Yes. Fill in the details below. | | | |
| | | Date Issued | | |
| | Address (Number, Street, City, State and ZIP Code) | | | |
| Part | 12: Sign Below | | | |
| have | e read the answers on this Statement of Finar | ncial Affairs and any attachments, ar | nd I declare under penalty of periur | v that the answers |
| are tr | ue and correct. I understand that making a fa | Ise statement, concealing property, | or obtaining money or property by | |
| | a bankruptcy case can result in fines up to \$2 S.C. §§ 152, 1341, 1519, and 3571. | 50,000, or imprisonment for up to 20 | years, or both. | |
| /s/ R | Rudy A. Hobbs, III | /s/ Tamie M. Hobbs | | |
| | y A. Hobbs, III | Tamie M. Hobbs | | |
| Sign | ature of Debtor 1 | Signature of Debtor 2 | | |
| Date | January 3, 2018 | Date January 3, 2018 | | |
| Did y | ou attach additional pages to Your Statement | t of Financial Affairs for Individuals I | Filing for Bankruptcy (Official Form | 107)? |
| ■ No |) | | | |
| □ Ye | es es | | | |
| Did y | ou pay or agree to pay someone who is not a | n attorney to help you fill out bankru | uptcy forms? | |
| No. | | | | |
| ∟ Ye | es. Name of Person Attach the Bankrupto | cy Petition Preparer's Notice, Declarati | on, and Signature (Official Form 119). | |
| | | | | |

| Fill in this inform | nation to identify your case: | | |
|---|--|--|--|
| Debtor 1 | Rudy A. Hobbs, III | | |
| Debtor 2 Tamie M. Hobbs (Spouse, if filing) | | | |
| United States B | United States Bankruptcy Court for the: District of New Jersey | | |
| Case number((f known) | | | |
| | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | | |
|-------|--|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Colui Debt | | mn B or 2 or filing spouse |
|---|------------------------|-------------------------|-----------------------------|---------------|----------|----------------------------------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and c | ommissio | ons (before all | \$ | 6,168.07 | \$ 7,831.24 |
| Alimony and maintenance payments. Do not inclu Column B is filled in. | de paym | ents from | a spouse if | \$ | 0.00 | \$ 0.00 |
| All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Do not include payments from a spryou listed on line 3. | ort. Inclu old, you | de regula: r depende | contributions nts, parents, | \$ | 0.00 | \$ 0.00 |
| Net income from operating a business, profession, or farm | Debto | or 1 | | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | |
| Net monthly income from a business, profession, or | farm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |
| Net income from rental and other real property | Debto | or 1 | | | | |
| Gross receipts (before all deductions) | \$ | 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | |
| Net monthly income from rental or other real propert | v \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| Debtor 1 Rudy A. Hobbs, III Debtor 2 Tamie M. Hobbs | | | Case numb | oer (<i>if known</i>) | | |
|---|--|-----------------------|-------------------|-------------------------|---------------------|------------------------------|
| | | _ | | | - | |
| | | | Column A Debtor 1 | | Column B Debtor 2 o | |
| 7. Interest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 |
| 8. Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 |
| Do not enter the amount if you conte the Social Security Act. Instead, list i | | benefit und | der | | | |
| For you | | 0.00 | | | | |
| For your spouse | \$ | 0.00 | | | | |
| Pension or retirement income. Do benefit under the Social Security Act | not include any amount received the | hat was a | \$ | 0.00 | \$ | 0.00 |
| Income from all other sources not Do not include any benefits received received as a victim of a war crime, domestic terrorism. If necessary, list total below. | I under the Social Security Act or page a crime against humanity, or internate | ayments ational or | | | | |
| | | | \$ | 0.00 | \$ | 0.00 |
| | | | \$ | 0.00 | \$ | 0.00 |
| Total amounts from separat | te pages, if any. | | + \$ | 0.00 | \$ | 0.00 |
| 11. Calculate your total average mont each column. Then add the total for | | | 6,168.07 | + \$ _ | 7,831.24 | = \$ 13,999.31 Total average |
| Part 2: Determine How to Measure | Your Deductions from Income | | | | | monthly income |
| 12. Copy your total average monthly i | | | | | | \$13,999.31_ |
| ☐ You are not married. Fill in 0 be | | | | | | |
| You are married and your spou | se is filing with you. Fill in 0 below. | | | | | |
| ☐ You are married and your spou Fill in the amount of the income | | as NOT reg | | | | |
| Below, specify the basis for exc adjustments on a separate pag | cluding this income and the amount e. | of income | devoted to ea | ch purpose | . If necessary | , list additional |
| If this adjustment does not appl | ly, enter 0 below. | | | | | |
| | | \$ | | | | |
| | | | | | | |
| | | +\$_ | | | | |
| Total | | | • | 00 co | py here=> | 2.22 |
| | | \$ | 0. | | py | 0.00 |
| 14. Your current monthly income. S | | \$ | 0. | | , | \$ 13,999.31 |
| 14. Your current monthly income. S15. Calculate your current monthly in | ubtract line 13 from line 12. | | 0. | | | |
| 15. Calculate your current monthly in | ubtract line 13 from line 12. | steps: | | | | |
| 15. Calculate your current monthly in | ubtract line 13 from line 12. ncome for the year. Follow these | steps: | | | | \$13,999.31_ |

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| Debt | or 2 | Tam | ie M. Hobbs | | Case number (if known) | | |
|------|--------------|-----------|--|--------------------|--|-------------|--------------------|
| 16 | . Cal | culate | the median family income that applies to | you. Follow thes | se steps: | | |
| | 16a | . Fill in | the state in which you live. | NJ | | | |
| | 16b | Fill in | the number of people in your household. | 6 | | | |
| | | | the median family income for your state and | | | d | 135,497.00 |
| | 100 | To fir | nd a list of applicable median income amount actions for this form. This list may also be available. | s, go online usin | g the link specified in the separate | 1 | <u> </u> |
| 17 | . Hov | | ne lines compare? | | | | |
| | 17a | . ⊔ | Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do | | ge 1 of this form, check box 1, <i>Disposable in</i> Lulation of Your Disposable Income (Official | | |
| | 17b | . • | | ulation of Your | form, check box 2, Disposable income is d Disposable Income (Official Form 122C- | | |
| Par | t 3: | Cal | culate Your Commitment Period Under 11 | U.S.C. § 1325(k | p)(4) | | |
| 18. | Cop | y you | r total average monthly income from line | 11 | | . \$ | 13,999.31 |
| 19. | con | tend th | e marital adjustment if it applies. If you are at calculating the commitment period under acome, copy the amount from line 13. | e married, your s | pouse is not filing with you, and you | | |
| | • | | marital adjustment does not apply, fill in 0 or | n line 19a. | | - \$ | 0.00 |
| | | | | | | | |
| | 19b | . Subt | ract line 19a from line 18. | | | \$ | 13,999.31 |
| 20. | Cal | culate | your current monthly income for the year | . Follow these s | teps: | | |
| | 20a | . Сору | line 19b | | | 9 | 13,999.31 |
| | | Multip | oly by 12 (the number of months in a year). | | | Г | x 12 |
| | 20b | . The r | esult is your current monthly income for the y | ear for this part | of the form | 4 | 167,991.72 |
| | 20c | . Сору | the median family income for your state and | l size of househo | ld from line 16c | 9 | 135,497.00 |
| | 21. | How | do the lines compare? | | | | |
| | | | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | ise ordered by th | ne court, on the top of page 1 of this form, cl | neck box 3 | 3, The commitment |
| | | | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4. | nless otherwise o | ordered by the court, on the top of page 1 o | f this form | , check box 4, The |
| Par | t 4: | Sig | n Below | | | | |
| | By s | signing | here, under penalty of perjury I declare that | the information of | on this statement and in any attachments is | true and o | correct. |
|) | (/s/ | Rudy | A. Hobbs, III | | X /s/ Tamie M. Hobbs | | |
| | Rı | ıdy A. | Hobbs, III | | Tamie M. Hobbs | | |
| | | | e of Debtor 1 uary 3, 2018 | | Signature of Debtor 2 Date January 3, 2018 | | |
| | | MM | / DD / YYYY | | MM / DD / YYYY | | |
| | If yo | u che | cked 17a, do NOT fill out or file Form 122C-2 | | | | |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Rudy A. Hobbs, III

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| Fill in | this information to i | dentify your case: | | | | | |
|---------------------------|---|---|---|--|--------------------|---|------------|
| Debto | r 1 Rudy A. H | obbs, III | | | | | |
| Debto | r 2 Tamie M. se, if filing) | Hobbs | | _ | | | |
| United | l States Bankruptcy C | ourt for the: District of | f New Jersey | | | | |
| Case i | number wn) | | | | ☐ Check if this | s is an amended | l filing |
| | ı Form 122C-2 ıpter 13 Cald | culation of Y | our Disposabl | le Income | | | 04/16 |
| | out this form, you wi itment Period (Offici | | ed copy of <i>Chapter 13</i> St | atement of Your Curre | nt Monthly Incon | ne and Calculatio | n of |
| space | is needed, attach a s onal pages, write you | | , | | | | |
| the info Dec exp | questions in lines 6- ormation may also be duct the expense amo enses if they are high | .15. To find the IRS state available at the bank unts set out in lines 6-1 er than the standards. I | 5 regardless of your actua Do not include any operation | g the link specified in to all expense. In later parts ng expenses that you su | he separate instr | ructions for this f will use some of your one in lines 5 and | our actual |
| | · | | u subtracted from your spo | ouse's income in line 13 | of Form 122C–1. | | |
| | · | | er the average expense. | information was visual by | iil f | . d : ab aut 7 | |
| 5. | | | These numbers apply to ng your deductions from | | a similar form use | ed in chapter / cas | es. |
| J. | Fill in the number of | people who could be cl | laimed as exemptions on yonts whom you support. Thi | your federal income tax | | 6 | |
| Nat | ional Standards | You must use the | IRS National Standards to | o answer the questions i | n lines 6-7. | | |
| 6. | | | e number of people you e clothing, and other items. | | IRS National | \$ | 2,300.00 |
| 7. | the dollar amount for people who are 65 o | r out-of-pocket health car r olderbecause older | ing the number of people y are. The number of people people have a higher IRS act the additional amount of | e is split into two categor allowance for health car | riespeople who a | re under 65 and | |

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Rudy A. Hobbs, III Debtor 1 Tamie M. Hobbs Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 6 7c. Subtotal. Multiply line 7a by line 7b. 294.00 Copy here=> 294.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> 0.00 7g. Total. Add line 7c and line 7f 294.00 Copy total here=> 294.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 739.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,823.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Ditech 801.86 \$ Ocwen Loan Servicing 1,627.03 Copy Repeat this amount 2.428.89 2,428.89 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 here=> or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

Explain why:

affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

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| Debtor 1 Debtor 2 | Rudy A. Hobbs, III Tamie M. Hobbs | | | Case number (if known) | |
|----------------------|--|----------------|--------------------------------------|--|--------|
| | | | | · / | |
| 11. | Local transportation expenses: Check the number of vehi | cles for wh | ich you claim | an ownership or operating expense. | |
| | □ 0. Go to line 14. | | | | |
| | ☐ 1. Go to line 12. | | | | |
| | 2 or more. Go to line 12. | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for | | | | 558.00 |
| 13. | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles. | | | | |
| Vel | Describe Vehicle 1: 2014 Ford Escape 105,0 | 000 miles | Financed | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | | . \$ 485.00 | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles. | | | | |
| | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60. | | | at | |
| | Name of each creditor for Vehicle 1 | Average paymen | e monthly t | | |
| | Ford Motor Credit | \$ | 319.15 | | |
| | Total Average Monthly Payment | \$ | 319.15 | Copy Repeat this amount on line 33b. | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0 |), enter \$0. | | \$ 165.85 Copy net Vehicle 1 expense here => \$ | 165.05 |
| Vel | nicle 2 Describe Vehicle 2: 2017 Ford Focus 5,000 | miles Lea | se joint with | n Daughter | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2 leased vehicles. | . Do not inc | clude costs for | or | |
| ı | Name of each creditor for Vehicle 2 | Average paymen | monthly t | | |
| | Ford Motor Credit | \$ | 153.29 | | |
| | Total average monthly payment | \$ | 153.29 | Copy Repeat this amount on line 33c. | |
| 13f. | Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0 |), enter \$0. | | \$ Copy net Vehicle 2 expense here => \$ | 221 71 |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of | | | | 0.00 |
| 15. | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in v not claim more than the IRS Local Standard for <i>Public Trans</i> | vhat you be | vehicles in line elieve is the ap | e 11 and if you claim that you may ppropriate expense, but you may | 0.00 |

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Debtor 1 Debtor 2 Rudy A. Hobbs, III Tamie M. Hobbs Case number (if known)

| Oth | | n addition to the expense de ne following IRS categories | | listed above, | you are allowed your monthly expenses | s for | |
|-----|---|---|-------------------------|-------------------------------------|---|-------|----------|
| 16. | 5. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. | | | | | | |
| 47 | · | | | -4 | using a such as national and | \$ | 2,566.44 |
| 17. | Involuntary deductions: The contributions, union dues, and | | actions th | at your job red | puires, such as retirement | | |
| | · · | | o, such as | voluntary 401 | I(k) contributions or payroll savings. | \$ | 994.10 |
| 18. | Life Insurance: The total mo filing together, include payme Do not include premiums for of life insurance other than te | \$ | 0.00 | | | | |
| 19. | Court-ordered payments: T administrative agency, such a | | | | by the order of a court or | • | 0.00 |
| | Do not include payments on p | past due obligations for spo | ousal or cl | nild support. Y | ou will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthly | , , , | ducation | that is either r | equired: | | |
| | as a condition for your job | , or | | | | | |
| | for your physically or men | tally challenged dependent | child if no | o public educa | tion is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly Do not include payments for a | | | • | itting, daycare, nursery, and preschool. | \$ | 0.00 |
| 22. | Additional health care expethat is required for the health by a health savings account. | | | | | | |
| | Payments for health insurance | e or health savings accoun | its should | be listed only | in line 25. | \$ | 0.00 |
| 23. | Optional telephone and tele for you and your dependents, phone service, to the extent r income, if it is not reimbursed Do not include payments for expenses, such as those repr | +\$ | 600.00 | | | | |
| 0.4 | | \$ | 8,549.10 | | | | |
| 24. | Add all of the expenses allowed Add lines 6 through 23. | wed under the IKS exper | nse allow | ances. | | Ψ | |
| Add | ditional Expense Deductions | These are additional de Note: Do not include ar | | | | | |
| 25. | | | | | ses. The monthly expenses for health y necessary for yourself, your spouse, c | or | |
| | Health insurance | | \$ | 828.48 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | + | • \$ | 0.00 | | | |
| | Total | | \$ | 828.48 | Copy total here=> | \$ | 828.48 |
| | Do you actually spend this to | | | | | | |
| | Yes | | \$ | | | | |
| 26. | continue to pay for the reason | nable and necessary care a f your immediate family who | and suppo o is unabl | ort of an elderl e to pay for su | actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 29A(b) | \$ | 0.00 |
| 27. | | | | | nses that you incur to maintain the es Act or other federal laws that apply. | | |
| | By law, the court must keep t | • | | | 11,7 | \$ | 0.00 |

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| Debtor 1 Debtor 2 | Rudy A. Hobbs, III Tamie M. Hobbs | Cas | e number (<i>if known</i>) | | | |
|----------------------|---|---|------------------------------|---|----------------------|--------------------|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your insurance | e and operating e | expenses on | | |
| | If you believe that you have home energy or 8, then fill in the excess amount of home en | osts that are more than the home energy cost ergy costs | ts included in exp | penses on line | Э | |
| | You must give your case trustee documents amount claimed is reasonable and necessar | ation of your actual expenses, and you must s ry. | show that the add | ditional | \$_ | 0.00 |
| | | ren who are younger than 18. The monthly pendent children who are younger than 18 ye | | | | |
| | You must give your case trustee documents claimed is reasonable and necessary and n | ation of your actual expenses, and you must e ot already accounted for in lines 6-23. | explain why the a | amount | | |
| | * Subject to adjustment on 4/01/19, and ever | ry 3 years after that for cases begun on or af | ter the date of ac | djustment. | \$ | 0.00 |
| | 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. | | | | | |
| | | onal allowance, go online using the link speci o be available at the bankruptcy clerk's office | | ate | | |
| | You must show that the additional amount of | claimed is reasonable and necessary. | | | \$_ | 0.00 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | amount that you will continue to contribute in nization. 11 U.S.C. § 548(d)(3) and (4). | the form of cash | n or financial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | \$ | 250.00 |
| | | | | | ¢. | 1,078.48 |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions. | | | \$ | 1,070.40 |
| Dedu | uctions for Debt Payment | | | | | |
| | For debts that are secured by an interest i oans, and other secured debt, fill in lines | n property that you own, including home i 33a through 33e. | mortgages, veh | icle | | |
| | To calculate the total average monthly paymer calculate the total average monthly paymer for bar | ent, add all amounts that are contractually dunkruptcy. Then divide by 60. | e to each secure | ed | | |
| | Mortgages on your home | | | | Averag | ge monthly |
| 33a. | Copy line 9b here | | | => | \$ | |
| | | | | | | |
| 33b. | Loans on your first two vehicles | | | | | 2,428.89 |
| 555. | Loans on your first two vehicles | | | | \$ | 2,428.89 |
| 00- | Copy line 13b here | | | | \$ | 2,428.89 319.15 |
| 33c. | Copy line 13b here | | | | \$ \$ | 2,428.89 |
| 33c. 33d. | Copy line 13b here | | | | · — | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here | | Doe | | · — | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: | | Doe | s payment ude taxes surance? | · — | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | Doe inclu or in | s payment ude taxes asurance? | \$ | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: | | Doe inclu or in | s payment ude taxes surance? | · — | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | Doe inclu or in | s payment ude taxes asurance? | \$ | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | Doe incluor in | s payment ude taxes isurance? | \$ | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | Doe incluor in | s payment ude taxes usurance? No Yes No Yes | \$ | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | Doe incluor in | s payment ude taxes issurance? No Yes No Yes No | \$ | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | | Doe incluor in | s payment ude taxes usurance? No Yes No Yes | \$ | 2,428.89 319.15 |
| 33d. | Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt | Identify property that secures the debt | Doe incluor in | s payment ude taxes isurance? No Yes No Yes No Yes Copy | \$ \$ \$ \$ | 2,428.89 319.15 |

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| Ocwen Loan Servicing 3331 Springfield Avenue Pennsauken, NJ 08109 Camden County \$ 8,246.18 ÷ 60 = \$ 13 Total \$ 190.90 total here> \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
|--|---------|
| Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor | |
| listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Name of the creditor Identify property that secures the debt | |
| Ditech Sacrossity Sacrossi | |
| Ditech NJ 08109 Camden County 3331 Springfield Avenue Pennsauken, NJ 08109 Camden County \$ 8,246.18 ÷ 60 = \$ 13 Total Total \$ 190.90 Copy total here=> \$ NJ 08109 Camden County \$ 190.90 Total Total \$ 190.90 Copy total here=> \$ Total No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims So. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense \$ 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. | |
| Ocwen Loan Servicing NJ 08109 Camden County \$ 8,246.18 ÷ 60 = \$ 13 | 3.46 |
| 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. □ No. Go to line 36. ■ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense \$ | 7.44 |
| are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 37,031.32 ÷ 60 \$ 36. Projected monthly Chapter 13 plan payment \$ \$ Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense \$ \$ 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. | 190.90 |
| Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. | |
| ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 37,031.32 ÷ 60 \$ 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33e through 36. \$ 3,70 Copy total here=> \$ C | |
| 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. | |
| Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. | 617.19 |
| Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. | |
| Average monthly administrative expense \$ | |
| Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. | |
| 38. Add all of the allowed deductions. | 09.42 |
| | |
| | |
| Copy line 24, All of the expenses allowed under IRS expense allowances \$ 8,549.10 | |
| Copy line 32, All of the additional expense deductions \$ 1,078.48 | |
| Copy line 37, All of the deductions for debt payment +\$ 3,709.42 | |
| Total deductions | ,337.00 |

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| otor 1 otor 2 | | y A. Hobbs ie M. Hobb | | | Case | number | (if known) | | |
|--|--------------------------------------|---|---|--|--|---------------|--|--------------------|-----------|
| t 2: | Det | termine You | ur Disposable Income Under | 11 U.S.C. § 1325(b |)(2) | | | | |
| | | | rent monthly income from lir Current Monthly Income and | | | | | \$ | 13,999.3 |
| ch dis red | ildren sability ceived | . The month payments for in accordan | oly necessary income you rec ly average of any child support or a dependent child, reported nce with applicable nonbankrup ended for such child. | t payments, foster ca in Part I of Form 122 | are payments, or 2C-1, that you | \$ | (| 0.00 | |
| en in | nployeı 11 U.S | r withheld fro S.C. § 541(b) | etirement deductions. The moon wages as contributions for (0)(7) plus all required repayments: § 362(b)(19). | qualified retirement | plans, as specified | \$ | (| 0.00 | |
| 2. To | tal of | all deductio | ons allowed under 11 U.S.C. § | 3 707(b)(2)(A). Cop | y line 38 here=> | \$ | 13,337 | 7.00 | |
| ex the | penses eir exp | s and you ha | ial circumstances. If special cave no reasonable alternative, must give your case trustee a concumentation for the expenses | describe the special detailed explanation | I circumstances and | | | | |
| escr | ibe the | e special ci | rcumstances | | Amount of expen | se | | | |
| | | | | | \$ | | | | |
| | | | | | \$ | | | | |
| | | | | | \$ | | | | |
| | | | | Total \$_ | 0.00 | Copy here= | | 0.00 | |
| 4. Tc | otal ad | justments | Add lines 40 through 43. | | => \$ | | 13,337.00 | Copy here=> -\$ | 13,337.00 |
| 5. C a | alculat | e your mon | athly disposable income unde | er § 1325(b)(2). Sub | otract line 44 from lin | e 39. | | \$ | 662.31 |
| 3: | Ch | ange in Inc | ome or Expenses | | | | | | |
| ha tim yo | ive cha ne youi u filed | anged or are r case will be your petitior | or expenses. If the income in Favirtually certain to change afte e open, fill in the information ben, check 122C-1 in the first coluin when the increase occurred | er the date you filed gelow. For example, in the land, in | your bankruptcy peti f the wages reported the second column, | ition a | nd during the ased after | | |
| orm | | Line | Reason for change | | Date of change | | ncrease or ecrease? | Amount of ch | ange |
| 122 122 122 122 122 122 | 2C-2 2C-1 2C-2 2C-1 2C-2 | | | | | _ [_ [| Increase Decrease Increase Decrease Increase Decrease Decrease | \$ \$ \$ | |
| _ | C-1 | | | | | _ | Increase | | |

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| Debtor 1 Debtor 2 | Rudy A. Hobbs, III Tamie M. Hobbs | | Case number (if known) |
|----------------------|---|------|---|
| Part 4: | Sign Below | | |
| В | y signing here, under penalty of perjury you declare that the infor | | • |
| _ | /s/ Rudy A. Hobbs, III Rudy A. Hobbs, III Signature of Debtor 1 | Х | /s/ Tamie M. Hobbs Tamie M. Hobbs Signature of Debtor 2 |
| _ | January 3, 2018 MM / DD / YYYY | Date | January 3, 2018 MM / DD / YYYY |

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Debtor 1 Debtor 2 Rudy A. Hobbs, III

Tamie M. Hobbs Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2017 to 12/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages - PHH

Income by Month:

| 6 Months Ago: | 07/2017 | \$0.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2017 | \$0.00 |
| 4 Months Ago: | 09/2017 | \$0.00 |
| 3 Months Ago: | 10/2017 | \$0.00 |
| 2 Months Ago: | 11/2017 | \$0.00 |
| Last Month: | 12/2017 | \$5,769.24 |
| | Average per month: | \$961.54 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages - Spring EQ LLC

Income by Month:

| 6 Months Ago: | 07/2017 | \$6,947.02 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2017 | \$6,397.75 |
| 4 Months Ago: | 09/2017 | \$7,924.62 |
| 3 Months Ago: | 10/2017 | \$4,768.95 |
| 2 Months Ago: | 11/2017 | \$5,200.86 |
| Last Month: | 12/2017 | \$0.00 |
| | Average per month: | \$5,206.53 |
| | | |

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Debtor 1 Debtor 2 Rudy A. Hobbs, III
Debtor 2 Tamie M. Hobbs Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 07/01/2017 to 12/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages

Income by Month:

| 6 Months Ago: | 07/2017 | \$7,831.24 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2017 | \$7,831.24 |
| 4 Months Ago: | 09/2017 | \$7,831.24 |
| 3 Months Ago: | 10/2017 | \$7,831.24 |
| 2 Months Ago: | 11/2017 | \$7,831.24 |
| Last Month: | 12/2017 | \$7,831.24 |
| | Average per month: | \$7,831.24 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-10165-ABA Doc 1 Filed 01/03/18 Entered 01/03/18 18:19:38 Desc Main Document Page 65 of 69

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of New Jersey

| In | re | Rudy A. Hobbs Tamie M. Hobb | | | | | | | Case No. | | | |
|-----|----------|---|------------------------|--|---|-----------------------------------|---|-----------------------------------|------------------------------|----------|----------------|----------------|
| 111 | - | Tarrile IVI. TIODI | 15 | | | | Debtor(s) | | Chapter | 13 | | |
| | | | | | | | | | - | | | |
| | | DIS | CLO | DSURE | OF COM | PENSA T | TION OF A | ITORNEY | FOR DI | EBT(| OR(S) | |
| 1. | con | suant to 11 U .S.C npensation paid to rendered on behal | me v | vithin one | year before the | e filing of the | e petition in bank | cruptcy, or agre | ed to be paid | to me, | | |
| | | For legal service | es, I h | ave agreed | to accept | | | | \$ | 3 | ,500.00 | |
| | | | | | | | | | \$ | 1 | ,500.00 | |
| | | Balance Due | | | | | | | \$ | 2 | ,000.00 | |
| 2. | \$ | 310.00 of the | filing | fee has be | en paid. | | | | | | | |
| 3. | The | e source of the con | npens | sation paid | to me was: | | | | | | | |
| | | Debtor | | Other (sp | ecify): | | | | | | | |
| 4. | The | e source of compe | nsatic | on to be pai | d to me is: | | | | | | | |
| | | Debtor | | Other (sp | ecify): | | | | | | | |
| 5. | | I have not agreed | l to sh | are the abo | ove-disclosed | compensatio | n with any other | person unless | they are mem | bers ar | nd associates | of my law firm |
| | | I have agreed to copy of the agree | | | | | | | | | ociates of my | law firm. A |
| 6. | In 1 | return for the above | ve-dis | closed fee, | I have agreed | l to render le | gal service for al | l aspects of the | bankruptcy o | case, in | cluding: | |
| | b. c. | | the d as ne reem | of any petite ebtor at the eded] ent signe | ion, schedules e meeting of co d between de | s, statement of reditors and e | of affairs and plai | n which may b aring, and any a | e required; adjourned hea | rings t | hereof; | |
| | | | s and | d applicati | ons as neede | | narket value; ex tion and filing o | | | | | |
| 7. | Ву | agreement with the Represent adversary | ation | of the deb | | | not include the fo illity actions, jud | | | ef from | stay action | s or any other |
| | | | | | | CER | RTIFICATION | | | | | |
| thi | | rtify that the fore cruptcy proceeding | | is a compl | ete statement | of any agree | ment or arrangen | nent for payme | nt to me for r | epresei | ntation of the | debtor(s) in |
| | Janu | uary 3, 2018 | | | | | /s/ Joel R. S | Spivack, Esqu | ire | | | |
| | Date | | | | | _ | Joel R. Spiv | ack, Esquire | | | | |
| | | | | | | | Signature of Law Office (| <i>Attorney</i> of Joel R. Spi | vack | | | |
| | | | | | | | 1820 Chape | el Avenue We | | | | |
| | | | | | | | Suite 195 | N. I. 00000 | | | | |
| | | | | | | | Cherry Hill, (856) 488-1 | NJ 08002 200 Fax: (85 | 56) 488-5690 |) | | |
| | | | | | | | joel@spivad | | | | | |
| | | | | | | | Name of law | | | | | |

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United States Bankruptcy CourtDistrict of New Jersey

| Rudy A. H | | | Case No. | |
|-------------------|------|--|----------|---------------------|
| | | Debtor(s) | Chapter | 13 |
| The above-named I | | IFICATION OF CREDITOR that the attached list of creditors is true and co | | of their knowledge. |
| Date: January 3, | 2018 | /s/ Rudy A. Hobbs, III Rudy A. Hobbs, III Signature of Debtor | | |
| Date: January 3, | 2018 | /s/ Tamie M. Hobbs | | |

Signature of Debtor

Adam Rondinelli NJ Division of Taxation Judgment Section PO Box 245 Trenton, NJ 08695-0245

Avant Credit, Inc Attention Bankruptcy Po Box 9183380 Chicago, IL 60691

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Correspondence Po Box 15278 Wilmington, DE 19850

Comenity Bank/Express Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Disney Vacation Club PO Box 470727 Celebration, FL 34747-0727 Ditech Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709

Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114

Internal Revenue Service Special Procedures Branch Bankruptcy Section PO Box 724 Springfield, NJ 07081-0724

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

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